



JAMES A. NOYES, Director

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC WORKS

*"Enriching Lives"*

900 SOUTH FREMONT AVENUE  
ALHAMBRA, CALIFORNIA 91803-1331  
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[www.ladpw.org](http://www.ladpw.org)

ADDRESS ALL CORRESPONDENCE TO:  
P.O. BOX 1460  
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE

REFER TO FILE: **AS-0**

November 6, 2003

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**AS-NEEDED VEHICLE AND EQUIPMENT REPAIR SERVICES  
ALL SUPERVISORIAL DISTRICTS  
3 VOTES**

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve the enclosed Master Agreement (Enclosure A) for a variety of as-needed vehicle and equipment repair services with various contractors, effective January 1, 2004, for a contract period of one year with two 1-year options not to exceed a total contract period of three years.
2. Approve the enclosed list of 72 contractors and their hourly rates (Enclosures B and C).
3. Delegate authority to the Director of Public Works to execute each individual contract under this Master Agreement with each contractor listed, to renew each contract for the two 1-year options, if, in the opinion of the Director, renewal is warranted, and/or, if necessary, to terminate one or more of the contracts.
4. Authorize Public Works to encumber \$1,500,000, representing the combined maximum annual cost for these services. Funds are available in Public Works' Internal Service Fund.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Public Works requires a variety of as-needed vehicle and equipment repair services. Through this Master Agreement process, Public Works will be able to secure necessary repair services throughout the County for its vehicles and equipment housed at the Alhambra Headquarters and field facilities. These vehicles and equipment are maintained and repaired at six departmental repair shops located in Baldwin Park, Altadena, Westchester, Hollydale, Central Los Angeles (Lincoln Heights), and Palmdale. Since 1988, Public Works has contracted for as-needed vehicle and equipment repair services to respond to periods of peak workload when vehicles and equipment are backlogged, waiting for service by the shops, and/or to meet critical repair time requirements. These services also cover vehicle and equipment repairs which are extraordinary and/or highly technical in nature and are beyond the expertise of Public Works personnel.

### **Implementation of Strategic Plan Goals**

This action is consistent with the County's Strategic Plan Goal of Organizational Effectiveness. These contracts will improve internal operations through the utilization of these contractors' expertise to effectively provide these services in a timely and responsive manner.

### **FISCAL IMPACT/FINANCING**

These contracts are for an annual aggregate amount not to exceed \$1,500,000. This amount represents Public Works' estimated annual cost to perform these as-needed services. Should additional work be required that exceeds the amount authorized, approval of additional funds will be sought.

These contracts will commence on January 1, 2004, for a one-year period. With the Board's delegated authority, the Director may renew these contracts from year to year for a total contract period not to exceed three years. In any event, one or more of these contracts may be canceled or terminated at any time by the Director, without cause, upon giving of at least 30 days' written notice to the contractor(s).

Funds for the first year of these services are available in Public Works' 2003-04 Internal Service Fund which receives reimbursement from Public Works operating funds. Funds to finance the contract's renewal years will be made available through Public Works' annual budget process. There is no impact on net County cost.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Prior to the Director executing each individual contract which will be substantially reflected in Enclosure A, each contractor will execute their individual contract and County Counsel will review them as to form.

Public Works has evaluated and determined that the Living Wage Program (Los Angeles County Code Chapter 2.201) does not apply to these recommended contracts which are for services required on an as-needed and intermittent basis.

### **CONTRACTING PROCESS**

On August 14, 2003, Public Works solicited proposals from 496 independent contractors and community business organizations to accomplish this work. Also, a notice of proposal availability was placed on the County's bid website (Enclosure D) and an advertisement was placed in the Los Angeles Times.

On October 9, 2003, seventy-two proposals were received. Upon evaluation, it was determined that all proposers met the Request for Proposals' minimum requirements. In accordance with the award criteria, outlined in the Request for Proposals, Public Works is recommending that all 72 parties listed on Enclosure B be offered the opportunity to enter into a contract with the County for their specialized services.

It is requested that the Board delegate to the Director the authority to execute the individual contracts with each contractor based on the Master Agreement.

Enclosure E reflects the minority participation of the proposers. The contractors were selected upon final analysis and consideration without regard to race, creed, gender, or color.

These contracts will contain Board-approved contract terms and conditions regarding current and new employee notification of the Federal-earned income tax credit, agreement to maximize to the extent possible the use of recycled-content paper products, contractor responsibility and debarment, jury service requirements, no payment for services received after contract expiration or termination, and the Safely Surrendered Baby Law.

Public Works has confirmed that the Child Support Services Department has received each contractor's Principle Owner Information Form in compliance with the Los Angeles County Code Chapter 2.200 (Child Support Compliance Program).

The Honorable Board of Supervisors  
November 6, 2003  
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Proof of the required Garage Liability and Garagekeeper's Legal Liability insurance policies, naming the County as additional insured, and evidence of Workers' Compensation insurance will be obtained from each contractor before that contractor will be allowed to accept work from Public Works.

As requested by your Board, each contractor has submitted a safety record which reflects that activities conducted by them in the past have been according to reasonable standards of safety.

In accordance with the Chief Administrative Officer's June 15, 2001, instructions, this is Public Works' assurance that these contractors will not be requested to perform work which will exceed the Board's approved amount, scope of work, and/or terms for these services.

#### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

The award of these contracts will not result in the displacement of any County employees, since Public Works has been contracting for these services with the private sector for the past 15 years. During this same period, we have furnished quarterly reports to each Supervisor providing the amount of activity with each contractor and the cumulative total. We propose to continue this reporting procedure.

#### **CONCLUSION**

One approved copy of this letter is requested.

Respectfully submitted,

JAMES A. NOYES  
Director of Public Works

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Enc. 5

cc: Chief Administrative Office; County Counsel



S A M P L E   M A S T E R   A G R E E M E N T

This AGREEMENT, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2003, by and between the COUNTY OF LOS ANGELES, hereinafter referred to as "COUNTY," and \_\_\_\_\_, hereinafter referred to as "CONTRACTOR."

W I T N E S S E T H

WHEREAS, the County has the responsibility to maintain its vehicles and equipment; and

WHEREAS, the County may contract with public or private companies that specialize in supplying intermittent vehicle and equipment repair services; and

WHEREAS, based on a competitive Request for Proposals process, County has selected and ranked Contractors who propose and desire to provide these as-needed vehicle and equipment repair services.

NOW, THEREFORE, in consideration of the mutual covenants herein contained and for good and valuable consideration, the parties agree as follows:

A.     C O N T E N T S   O F   C O N T R A C T

This Contract shall consist of this Agreement, the Specifications and Conditions for "As-Needed Vehicle and Equipment Repair Services," and Contractor's proposal submission, all attached hereto, and the Contractor's insurance certifications, are incorporated herein, and are agreed by the County and the Contractor to constitute an integral part of the Contract document.

B.     C O N T R A C T   P E R F O R M A N C E   P E R I O D

With Board approval of the As-Needed Vehicle and Equipment Repair Services Master Agreement, and after execution of this Agreement by the Contractor and the Director of Public Works, the Contractor's services will be available under this Agreement for a one-year period commencing on January 1, 2004. The period of time covered by this Agreement may be extended in increments of one year, not to exceed a total contract period of three years as outlined in the Specifications and Conditions. However, if the County elects not to extend this Agreement at the end of any one-year period, this Agreement may be terminated, without cause, upon giving of 30 days' written notice to the Contractor. Also, the County will retain the right to cancel or terminate this Agreement at any time, without cause, upon giving of at least 30 days' written notice to the Contractor.

C.     C O M P E N S A T I O N   A N D   M E T H O D   O F   P A Y M E N T

Hourly rates quoted by the Contractor in the Schedule of Prices, Part I, Section 6, Schedule of Prices and accepted by County, shall constitute the hourly rate of

compensation for services requested by the County from the Contractor. Payment to Contractor for providing these services will be made in accordance with Part I, Section 5, Method of Payment. In no event will County reimburse any and all Contractors providing services under the As-Needed Vehicle and Equipment Repair Services Master Agreement an annual amount greater than \$1,500,000 or such greater sum as the Board may approve.

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IN WITNESS WHEREOF, the County has, by order of its Board of Supervisors, caused these presents to be subscribed by the Director of Public Works, and the Contractor has subscribed its name by and through, its duly authorized officers, as of the day, month, and year hereinabove first written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
Director of Public Works

APPROVED AS TO FORM:

LLOYD W. PELLMAN  
County Counsel

By \_\_\_\_\_  
Deputy

(CONTRACTOR'S NAME)

By \_\_\_\_\_  
Its President

By \_\_\_\_\_  
Its Secretary

AS-NEEDED VEHICLE AND EQUIPMENT REPAIR SERVICES

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- COUNTY VISION STATEMENT
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- \* The appropriate Affidavit shall be submitted with Proposal.
- \*\* Section and Attachments to be submitted with Proposal.

PART I  
SPECIFICATIONS AND CONDITIONS  
FOR  
AS-NEEDED VEHICLE AND EQUIPMENT REPAIR SERVICES  
SECTION 1  
WORK REQUIRED/PROPOSAL SUBMISSION

A. Work Required

Persons who wish to contract with the County may respond to this Request for Proposals (RFP) by submitting a Proposal in the form described in the following Sections and Attachments. Proposers are instructed to carefully read these Terms, Requirements, Specifications, Conditions, and Attachments.

The work to be accomplished under these Specifications is to provide the intermittent and as-needed vehicle and equipment repair services for Public Works' vehicles.

Interested Contractors who have demonstrated their ability to successfully provide the type of service(s) requested and meet the following minimum requirements are invited to submit proposals:

1. One year's experience in providing the requested service(s) for which the Proposer has provided a price(s).
2. Possess a State Bureau of Automotive Repair License to perform the type of work for which the Proposer has provided a price(s).
3. Possess or can obtain insurance.

Proposers are requested to provide unit prices for the types and categories most nearly describing the service they propose to provide. Proposers only need to provide prices for those items that they can deliver per the Specifications. Proposers can provide unit prices for as many (or as few) items or services as they desire. Proposers are not required to provide prices for all items. All qualified Proposers will be offered an opportunity to enter a contract with the County, provided all Proposal submissions and insurance requirements

are in proper order. Please refer further to Part I, Section 3.A, Award of Contract.

B. Proposal Format and Contents

Proposals shall be submitted in the sequence, with the content, and according to the format stated below. Failure to provide the required information or comply with these guidelines may be a basis for rejection of the Proposal. Include the following in the order stated:

1. Submit a copy(ies) of the Proposer's State Bureau of Automotive Repair license to perform the type of work for which the Proposer has provided a price(s).
2. Submit proof of current, valid insurance coverage that meets the RFP requirements or a statement acknowledging that the required insurance coverage will be provided prior to commencing work under the contract.
3. Provide appropriate proof that Proposer has at least one year's experience (experience prior to December 31, 2003) providing the requested service(s) for which the Proposer has provided a price(s).
4. Forms List

Complete and submit the following forms, which are included in the RFP package:

- Schedule of Prices (Part I, Section 6);
- Business Affidavit;
- Bidder's Proposal;
- Contractor's Industrial Safety Record;
- Equal Employment Opportunity (EEO);
- Conflict of Interest Certification;
- Child Support Compliance Program Certification (submit to Child Support Services Department and submit a copy to Public Works);
- Principal Owner Information Form (submit to Child Support Services Department and submit a copy to Public Works)

- Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form;
- GAIN/GROW Employment Commitment; and
- Jury Service Program Application for Exception and Certification.

C. Proposal Submission

1. Proposals shall be submitted with one complete copy of the Proposal and any accompanying documents. Proposals received after the closing date and time will be rejected by Public Works as nonresponsive.
2. Submit Proposals to the County of Los Angeles Department of Public Works' Lobby Cashier, 900 South Fremont Avenue, Alhambra, California 91803, in a sealed package which clearly identifies this RFP and the name of the Proposer. Proposals will be officially received by Public Works only when accepted and time stamped by the Lobby Cashier. It is the responsibility of the Proposer to instruct delivery services, such as United Parcel Service or Federal Express, to deliver Proposals directly to the Lobby Cashier. Proposals not delivered to the Lobby Cashier may be delayed in being officially time stamped by the Lobby Cashier and may miss the Proposal submission deadline. While Proposals received at Public Works' Mail Center through the United States Postal Service will be forwarded to the Lobby Cashier as quickly as possible, the Mail Center will not time stamp proposals. Public Works will not be responsible for any delays or missed deadlines for proposals that are not delivered directly to the Lobby Cashier.

D. GAIN/GROW Program

As a threshold requirement for consideration for contract award, Proposers shall demonstrate a proven record of hiring participants in the County's Department of Public Social Services' Greater Avenue for Independence (GAIN) or General Relief Opportunity for Work (GROW) Programs or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Proposers who are unable to meet this requirement shall not be considered for contract award (Part I, Section 1.B.11, Forms List).

E. Child Support Compliance Program

Proposers must certify in accordance with the provisions of Section 2.200.060 of the County Code that: 1) the Principal Owner Information Form and the Child Support Compliance Program Certification Form (attached) has been appropriately completed and provided to the Child Support Services Department with respect to the Proposer's Principal Owners; 2) the Proposer has fully complied with all applicable State and Federal reporting requirements relating to employment reporting for its employees; and 3) the Proposer has fully complied with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignments and continues to maintain compliance. Such certification must be submitted on the Child Support Compliance Program Certification (Part I, Section 1.B.11, Forms List). Failure by the Proposer to provide the Principal Owner Information Form to the Child Support Services Department will be grounds for a finding by the County that the Proposal is nonresponsive.

F. Jury Service Program

1. The resultant contract from this RFP will be subject to the requirements of the County's Contractor Employee Jury Service Ordinance (Jury Service Program, Los Angeles County Code, Chapter 2.203). Proposers should carefully read the pertinent jury service provisions in Part II, Section 3.V. The Jury Service Program applies to both contractors and their subcontractors. Proposals that fail to comply with the requirements of the Jury Service Program will be considered nonresponsive and excluded from further consideration.
2. The Jury Service Program requires contractors and their subcontractors to have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employee's regular pay the fees received for jury service. For purposes of the Jury Service Program, "employee" means any California resident who is a full-time employee of a contractor and "full-time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized



- industry standard as determined by the County, or 2) the contractor has a long-standing practice that defines the lesser number of hours as full-time. Therefore, the Jury Service Program applies to all of a contractor's full-time California employees, even those not working specifically on the County project.
3. There are two ways in which a contractor might not be subject to the Jury Service Program. The first is if the contractor does not fall within the Jury Service Program's definition of "contractor." The Program defines "contractor" to mean a person, partnership, corporation, or other entity which has a contract with the County or a subcontract with a County contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts. The second is if the contractor meets one of the two exceptions to the Jury Service Program. The first exception concerns small businesses and applies to contractors that have: 1) ten or fewer employees; 2) annual gross revenues in the preceding 12 months which, if added to the annual amount of this contract is less than \$500,000; and 3) is not an "affiliate or subsidiary of a business dominant in its field of operation." The second exception applies to contractors that possess a collective bargaining agreement that expressly supersedes the provisions of the Jury Service Program. The contractor is subject to any provision of the Jury Service Program not expressly superseded by the collective bargaining agreement.
  4. If a contractor does not fall within the Jury Service Program's definition of "contractor" or if it meets any of the exceptions to the Jury Service Program, then the contractor must so indicate in the Certification Form and Application for Exception (Part I, Section 1.B.11, Forms List) and include with its submission all necessary documentation to support the claim such as tax returns or a collective bargaining agreement, if applicable. Upon reviewing the contractor's application, the County will determine, in its sole discretion, whether the contractor falls within the definition of contractor or meets any of the exceptions to the Jury Service Program. The County's decision will be final.

G. Local Small Business Enterprise Preference Program

In evaluating proposals, the County will give preference to businesses that are certified by the County as a Local Small Business Enterprise (Local SBE), consistent with Chapter 2.204 of the Los Angeles County Code. Proposers who wish to be considered for this preference should do so using the attachment entitled Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form (see Part I, Section 1.B.11, Forms List). A Certified Local SBE is a business: 1) certified by the State of California as a small business enterprise; 2) having its principal office currently located in Los Angeles County for a period of at least the past 12 months; and 3) certified by the Office of Affirmative Action and Compliance as meeting the requirements set forth in 1 and 2 above. Certified Local SBEs must request the SBE Preference in their solicitation responses and may not request the preference unless the certification process has been completed and certification affirmed. County must verify Local SBE certification prior to applying the preference. Sanctions and financial penalties may apply to a business that knowingly, and with intent to defraud, seeks to obtain or maintain certification as a certified Local SBE.

Information about the State's small business enterprise certification regulations is in the California Code of Regulations, Title 2, Subchapter 8, Section 1896 et seq., and is also available on the California Department of General Services Office of Small Business Certification and Resources Website at <http://www.pd.dgs.ca.gov/smbus/default..>

You can obtain further information on certification from the County Website at [www.oaac.co.la.ca.us/sbemain.html](http://www.oaac.co.la.ca.us/sbemain.html) or by calling (213) 974-0912.

H. Vendor Registration

Proposers must register online with the County's Web-based vendor registration system to facilitate the contract award process. Registration is accessible through the "Doing Business with Us" link on the County's Internet Home Page at [www.lacounty.info](http://www.lacounty.info).

SECTION 2

SCOPE OF WORK

A. Proposal Requirements and Conditions

Proposers are requested to review Part II, Section 2, General Proposal Requirements and Conditions, as well as the County's "Policy on Doing Business with Small Business" and the County's "Vision" statement (both attached).

B. Public Works' Project Manager

Public Works' Project Manager will be Mario Linan of Fleet Management Group and can be contacted at (626) 458-7345, Monday through Thursday, 7:30 a.m. to 5:30 p.m. Each field repair facility will have a Project Manager as well. Those persons are:

Ron Baker  
Baldwin Park Shop  
(626) 814-1321

Roger Knight  
Hollydale Shop  
(562) 869-1178

Joe Sforza  
Altadena Shop  
(626) 794-7732

Jack Arnold  
Palmdale Shop  
(661) 274-8248

Jeff Hensley  
Westchester Shop  
(310) 417-8471

Doug Fryer  
Central Yard Shop  
(626) 458-1711

The Project Managers are the only persons authorized by Public Works to request work of the Contractor. From time to time, Public Works may change Project Managers. The Contractor shall be notified in writing when there is a change in Project Managers.

C. Work Location

Various locations near the Public Works' Headquarters, located in Alhambra, and six repair facilities, located in Baldwin Park, Altadena, Westchester, Hollydale, Central Los Angeles (Lincoln Heights), and Palmdale.

D. Work Description

1. Vehicle and Equipment Types

a. Auto/Light Trucks

Includes compact, mid-size and full-size sedans, station wagons, mini and full-size vans, pickup trucks and other trucks up to approximately 15,000 lbs. gross vehicle weight rating (GVWR).

b. Medium/Heavy Duty Trucks and Equipment

Includes trucks and tractors with a GVWR greater than 15,000 lbs., and trailers with a GVWR greater than 10,000 lbs.

c. Construction Equipment

Includes, but is not limited to off-road equipment such as loaders, backhoes, dozers and graders. Also, includes maintenance equipment such as street sweepers, rollers, and cranes as well as related trailer-mounted and portable equipment such as generators, compressors, and pumps.

d. Small Equipment

Includes, but is not limited to lawn mowers, chain saws, weed wackers, jack hammers, etc.

e. Specialized Mounted Equipment

Includes, but is not limited to aerial devices, cranes, digger derricks, drillers, etc.

f. Specialized Component

Includes, but is not limited to speedometers, fuel systems and components, air conditioner systems and components, power steering units, flywheel resurfacing, metal plating, hydraulic pumps, etc.

2. Repair Categories

a. Engine Repair

Includes engine (gas and diesel), cooling system, fuel system, exhaust system, heating system, and air conditioning.

b. Drive Line Repair

Includes clutches, boosters, main and auxiliary transmissions, gearshift controls, power takeoffs, converters, drive shafts, differentials and axles.

c. Electrical Repair

Includes starters, generators, alternators, batteries, wiring, instruments, lights, ignition systems, radios, electric motors, regulators, horns, relays, switches, etc.

d. Steering Wheels, Brakes and Tracks

Includes steering wheel assemblies, boosters, brakes (electric, air and hydraulic), parking brakes, retarders, wheels, hubs, drums, roller wheels, crawler undercarriages, brakes (clutches), etc.

e. Suspension and Frame Repair

Includes springs, shock absorbers, trailer hitches, tool boxes, shovel and crane decks, vehicle frames, grader circles, mud flaps, etc.

f. Operating and Hydraulic Repair

Includes compressor units, hoists, operating machinery (winches, booms, cranes, etc.) operating mechanisms (loader, sweeper, aerial basket, etc.), operating equipment (tank, sprayer, oil heater, etc.), and everything beyond the power takeoff, where appropriate.

g. Paint and Body Repair

Includes accident damage, glass, hardware, space heaters, seats and covers, floor coverings, windshield wipers, mirrors, dump bodies, truck beds, permanently attached tarpaulins, etc.

h. External Wearing Parts Repair

Includes cutting blades, end bits, teeth, hard facing, augers, concrete saw blades, cutters, etc.

E. Hours and Days of Service

Hours of service shall be primarily 7 a.m. to 4 p.m., Monday through Friday, each week, except legal holidays.

F. Duration of Contract

This Contract's performance period is anticipated to commence on January 1, 2004, and continue through December 31, 2006, for a period of thirty-six months. This Contract may be canceled or terminated at any time by the County without cause upon the giving of at least 30 days' written notice to the Contractor.

G. Utilities

The County will not provide utilities.

H. Storage Facilities

The County will not provide storage facilities for the Contractor.

I. Responsibilities of Contractor

1. Contractor shall provide all labor, parts, material, equipment, associated costs, and operating expenses necessary to provide either or both major and minor repairs. Public Works vehicles range from any and all types of gas and diesel-powered vehicles, and from compact sedans up to, and including diesel-powered, 10-wheel trucks, tractors, industrial equipment, trailers, street sweepers, snowplows, graders, rollers, backhoes, dozers, etc.
2. Contractor shall meet all factory and Public Works specifications. Contractor's quality of work shall be original equipment manufacturer (OEM) or better.
3. Contractor shall supply material and parts that are, in all ways, equal to or better than OEM. Well-known trade brands meeting OEM specifications, carrying an equal or better than OEM warranty and available from local sources are required. Materials shall be subject to the approval of the Project Manager. Public Works reserves the right to furnish parts at any time. Contractor-supplied materials, parts, and equipment shall be new and free from defects and imperfections, unless otherwise hereinafter specified.
4. All flat rate labor where applicable, shall be performed in accordance with one or more of the following:
  - a. Mitchell Time Guide Standard

- b. Chilton Motor Part and Time Guide Standards
- c. Motor's Part and Time Guide Standards

Public Works will, for flat rate labor work, pay only up to the standard times shown in the above publications. If actual labor times are less than published standard times, then Contractor shall bill for only the actual labor times worked. Contractor's workmanship shall be in accord with best standard practices of the industry. Contractor's workmanship shall be subject to the approval of the Project Manager. Public Works reserves the right to terminate this Contract, if the Contractor does not maintain the quality of workmanship acceptable to the Project Manager.

- 5. Contractor shall supply, at no cost to Public Works, various fluids where the fluid amount is less than standard container amounts (e.g., less than a quart of motor oil or less than a pint of brake fluid).
- 6. Contractor shall provide a reasonable written time estimate of service or repair at the time of appointment or vehicle drop-off.
- 7. Contractor shall provide appropriate and qualified labor, to include mechanics, installers, and/or other skilled, semi or unskilled workers.
- 8. Contractor shall provide proper and necessary security for all Public Works vehicles left in its care. Any damage occurring to Public Works vehicles while left in the Contractor's care, shall be repaired by the Contractor at no cost to Public Works.
- 9. Contractor shall not allow any unauthorized use of any Public Works vehicle in its care. Test drives may be allowed with permission of the Project Manager.
- 10. Contractor shall have, or have access to a complete supply of normal replacement parts, so as not to delay the timely service or repair of Public Works vehicles.
- 11. Contractor shall provide invoices for materials, services, or repairs which are totaled, itemized, and clearly written so Public Works can readily identify the cost of services, repairs, and materials received at the time of pickup or delivery.
- 12. Contractor shall not perform any services or repair work

without the prior written approval of the Project Manager.

13. Contractor shall not perform any additional services or repair work above the original estimate without the prior written approval of the Project Manager.
14. If Contractor provided prices for Item 2 in Part I, Section 6, Schedule of Prices, the Contractor may be required to pickup and deliver vehicles and equipment, which may include towing or hauling from Public Works Headquarters, one of Public Works' main maintenance yards, or from any designated location throughout the County.

J. Responsibilities of Public Works

1. Public Works may pickup and/or deliver vehicles requiring service from/to Contractor's place of business.
2. Public Works will inspect and approve Contractor-supplied parts, materials, and workmanship as necessary.
3. Public Works is to approve all Contractor proposed work before Contractor starts the work or increases the scope of work.
4. Public Works will have the right to inspect the Contractor's facility to ensure appropriate work methods and procedures, cleanliness, etc. are in place.

K. Award of Work

Public Works will issue, on an intermittent and as-needed basis, work orders at its complete discretion based upon the Public Works' unilateral assessment of Contractor's cost and ability to meet the County's needs in a timely manner. Assessments and considerations will include quality of work, price, proximity, turn around time, need, warranty, and when appropriate pickup and delivery of vehicle or equipment.

Should Contractor be requested to service vehicles or equipment needing repairs that require extensive diagnosis before requiring a repair-cost estimate, Contractor will be awarded an initial work order for pickup (if applicable), tear down, inspection, and time and materials estimate preparation. Upon the Project Manager's approval of the estimated repair cost, a work order will be awarded for doing the repairs. Any repair work completed by Contractor before receiving the Project Manager's approval of the estimate shall be done at



Contractor's expense and at no cost to the Public Works. Should the Project Manager not be satisfied with the Contractor's estimate of time and materials, the Project Manager may elect to either transfer the vehicle/equipment to another contractor or authorize the original Contractor to proceed at a subsequently agreed upon cost estimate.

Unless otherwise agreed to before the start of work, all Public Works vehicles and equipment shall be given the highest priority for completion. Public Works equipment shall not be viewed or considered "fill work" by Contractor.

This Contract does not grant Contractor any right to be awarded any minimum amount or type of work.

L. Warranties

Contractor shall assure that all materials, parts, and workmanship supplied shall be free from original or developed defects. Should original or developed defects and/or failures appear within 90-calendar days or 4,000 miles on mileage vehicles, or 200 hours on hourly equipment (whichever occurs first), or Contractor's standard warranty, whichever is longer, from the date of the County's acceptance of work, Contractor shall, at its expense, rectify such defects and/or failures and make all replacements and adjustments that are required including the cost of pickup and delivery of the item.

Corrective work shall be performed by the Contractor and given the highest priority after County's notification to do so, and work will be to the satisfaction of the Project Manager.

M. Service for Other County Departments

Contractor may be requested by Public Works to provide services on vehicles and equipment from other County departments under the Terms, Conditions, Requirements, and Prices of this Contract. The services provided shall be invoiced to Public Works. Contractor's invoices shall clearly indicate which other County department's vehicles/equipment were repaired and provide the information requested in Part I, Section 2.I.11, Responsibilities of Contractor.

SECTION 3

AWARD AND EXECUTION OF CONTRACT

A. Award of Contract

The County reserves the right to award the Contract to the Proposer(s) whose Proposal provides the most beneficial program and price, with all other factors considered. The awardee(s) shall sign and return this Contract, together with copies of the required insurance certification, within 14 days after notification by Public Works of intent to recommend award of this Contract to the Board.

B. Final Contract Award by Board

Notwithstanding a recommendation of a department, agency, individual, or other, the Board retains the right to exercise its judgment concerning the selection of a proposal and the terms of any resultant agreement, and to determine which proposal best serves the interest of the County. The Board is the ultimate decision making body and makes the final determinations necessary to arrive at a decision to award, or not award, a contract.

C. Legal Status of Contractor's Personnel at Facility

Contractor warrants that it fully complies with all laws regarding employment of aliens and others, and that all of its employees performing services hereunder meets the citizenship or alien status requirements contained in Federal and State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986 (PL. 99-603). Contractor shall obtain, from all covered employees performing services hereunder, all verification and other documentation of employment eligibility status required by Federal statutes and regulations as they currently exist and as they may be hereafter amended. Contractor shall retain such documentation for all covered employees for the period prescribed by law. Contractor shall indemnify, defend, and hold harmless, the County, its officers and employees from employer sanctions and any other liability which may be assessed against Contractor or County or both in connection with any alleged violation of Federal statutes or regulations pertaining to the eligibility for employment of persons performing services under this Contract.

D. County Lobbyists

Each County lobbyist, as defined in the Los Angeles County Code Section 2.160.010, retained by Proposer submitting a

response to this RFP or Contractor awarded this Contract shall be in full compliance with Chapter 2.160 of the Los Angeles County Code. The Proposer's/Contractor's signature on the Proposal/Contract is its certification that it is in full compliance with Chapter 2.160. Failure on the part of any County lobbyist retained by Proposer/Contractor to fully comply with the County Lobbyist Ordinance shall be sufficient cause for rejection of the Proposal or shall constitute a material breach of this Contract upon which the County may immediately terminate or suspend this Contract.

E. Evaluation of Proposals

All responses to this RFP become the property of the County. Upon receipt of the Proposal as specified and evaluation of Proposals in accordance with the evaluation criteria set forth below, Public Works may recommend the award of a Contract to one or more of those submitting Proposals. The proposed Contract will be submitted to the Board for consideration and possible approval.

The County reserves the sole right to judge the Proposer's written and oral representations. The County may make onsite inspections of Proposer's current jobs.

F. Evaluation Criteria

The evaluation criteria to be used in the selection process will include, but are not limited to the following considerations:

1. Proposals will first be reviewed on a Pass/Fail basis. Proposals not meeting all of these requirements will be rejected as nonresponsive:
  - a. Proposal was time stamped by the Cashier prior to the deadline for submission of the Proposal.
  - b. Proposer's Safety Record which reflects that the Proposer has provided services in a safe manner.
  - c. Proposer shows an ability to meet insurance requirements.
  - d. Proposer has met the GAIN/GROW requirements.
  - e. Proposer has submitted to the Child Support Services Department the Principal Owner Information and Child Support Compliance Program Forms.

- f. Proposer has submitted the Jury Service Program Certification Form and Application for Exception stating that it accepts and will comply with the program requirements or establishing its entitlement to an exception to the program.
- g. Proposer has signed all appropriate forms and Part I, Section 6, Schedule of Prices.
- h. Proposer has at least one year's experience in providing the requested service(s) for which the Proposer has provided a price(s).
- i. Proposer possesses a State Bureau of Automotive Repair License to perform the type of work for which the Proposer has provided a price(s).

All qualified Proposers, i.e., meeting all the above requirements, will be offered an opportunity to enter into a contract with the County.

SECTION 4

GENERAL INDEMNIFICATION AND INSURANCE REQUIREMENTS

A. Independent Contractor Status

This Contract is by and between the County and the Contractor and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association between the County and Contractor.

Contractor understands and agrees that all persons furnishing services to County pursuant to this Contract are, for all purposes including, but not limited to Workers' Compensation liability, employees solely of Contractor and not of County.

Contractor shall bear the sole responsibility and liability for furnishing Workers' Compensation and all other benefits required by law to any person for injuries arising from or connected with services performed on behalf of Contractor pursuant to this Contract.

B. Indemnification

Contractor shall indemnify, defend, and hold harmless the County, its special districts, elected and appointed officers, employees, and agents (County) from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with Contractor's acts and/or omissions arising from and/or relating to this Contract.

C. Workplace Safety Indemnification

In addition to and without limiting the indemnification required by Section 4.B of this Part, and to the extent allowed by law, the Contractor agrees to defend, indemnify, and hold harmless the County, its special districts, and its officers, employees, and agents from and against any and all investigations, complaints, citations, liability, expense (including defense costs and legal fees), claims, and/or causes of action for damages of any nature whatsoever, including but not limited to injury or death to employees of Contractor, its subcontractors, or County attributable to any alleged act or omission of the Contractor and/or its subcontractors which is in violation of any CalOSHA regulation. The obligation to defend, indemnify and hold harmless includes all investigations and proceedings associated with purported violations of Section 336.10 of Title 8 of the California Code of Regulations pertaining to

multi-employer work sites. Contractor shall not be obligated to indemnify for liability and expenses arising from the active negligence of the County. The County may deduct from any payment otherwise due the Contractor any costs incurred or anticipated to be incurred by the County, including legal fees and staff costs, associated with any investigation or enforcement proceeding brought by CalOSHA arising out of the work being performed by the Contractor under this Contract.

D. Insurance

Without limiting Contractor's indemnification of the County and during the term of this Contract, Contractor shall provide and maintain, and shall require all of its subcontractors to maintain, the following programs of insurance specified in this Contract. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by the County, and such coverage shall be provided and maintained at Contractor's own expense.

1. Evidence of Insurance - Certificate(s) or other evidence of coverage satisfactory to the County shall be delivered to Administrative Services Division, Attention Ocie Ransfer, P.O. Box 1460, Alhambra, California 91802-1460, prior to commencing services under this Contract. Such certificates or other evidence shall:
  - a. Specifically identify this Contract.
  - b. Clearly evidence all coverage required in this Contract.
  - c. Contain the express condition that County is to be given written notice by mail at least 30 days in advance of cancellation for all policies evidenced on the certificate of insurance.
  - d. Include copies of the additional insured endorsement to the commercial general liability and automobile policies, adding the County, its special districts, its officials, officers, and employees as insured for all activities arising from this Contract.
  - e. Identify any deductibles or self-insured retentions for County's approval. The County retains the right to require Contractor to reduce or eliminate such deductibles or self-insured retentions as they apply to County, or, require Contractor to provide a bond guaranteeing payment of all such retained

losses and related costs, including but not limited to expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

2. Insurer Financial Rating - Insurance is to be provided by an insurance company acceptable to the County with an A. M. Best rating of not less than A:VII, unless otherwise approved by County.
3. Failure to Maintain Coverage - Failure by the Contractor to maintain the required insurance, or to provide evidence of insurance coverage acceptable to County, shall constitute a material breach of contract upon which the County may immediately terminate or suspend this Contract. County, at its sole option, may obtain damages from Contractor resulting from said breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.
4. Notification of Incidents, Claims, or Suits - Contractor shall report to County's Project Manager:
  - a. Any accident or incident relating to services performed under this Contract which involves injury or property damage which may result in the filing of a claim or lawsuit against Contractor and/or County. Such report shall be made in writing within 24 hours of occurrence.
  - b. Any third-party claim or lawsuit filed against the Contractor arising from or related to services performed by Contractor under this Contract.
  - c. Any injury to a Contractor's employee which occurs on County property. This report shall be submitted on a County "Non-employee Injury Report."
  - d. Any loss, disappearance, destruction, misuse, or theft of any kind whatsoever of County property, monies, or securities entrusted to Contractor under the terms of this Contract.
5. Compensation for County Costs - In the event that the Contractor fails to comply with any of the indemnification or insurance requirements of this

Contract, and such failure to comply results in any costs to County, Contractor shall pay full compensation for all costs incurred by County.

6. Insurance Coverage Requirements for Subcontractors - Contractor shall ensure any and all subcontractors performing services under this Contract meets the insurance requirements of this Contract by either:
  - a. Contractor providing evidence of insurance covering the activities of subcontractor, or
  - b. Contractor providing evidence submitted by subcontractors evidencing that subcontractors maintain the required insurance coverage. County retains the right to obtain copies of evidence of subcontractor insurance coverage at any time.

E. Insurance Coverage Requirements

1. Garage Liability insurance including, without limitation, premises/operations, products/completed operations, contractual and broad form property damage with a combined single limit of not less than \$500,000 per occurrence.
2. Garagekeepers Legal Liability insurance including, without limitation, comprehensive and collision coverage with a combined single limit of not less than \$1,000,000 per occurrence

The above requirements can be met by a combination of primary and excess insurance coverage.

3. Workers' Compensation and Employers' Liability insurance providing Workers' Compensation benefits, as required by the Labor Code of the State of California, or by any other state for which the Contractor is responsible. If Contractor's employees will be engaged in maritime employment, coverage shall provide Workers' Compensation benefits as required by the U.S. Longshore and Harbor Workers' Compensation Act, Jones Act, or any other Federal law for which the Contractor is responsible.

In all cases, the above insurance also shall include Employers' Liability coverage with limits of not less than the following:

Each Accident:	\$1 million
Disease - policy limit:	\$1 million



Disease - each employee: \$1 million

As a condition precedent to its performance pursuant to this Contract, the Contractor, by and through its execution of this Contract, certifies that it is aware of, and understands, the provisions of Section 3700 of the Labor Code, which requires every employer to be insured against liability of Workers' Compensation or to undertake self-insurance in accordance with those provisions before commencing the performance of work under this Contract, and agrees to fully comply with said provisions.

SECTION 5

METHOD OF PAYMENT

A. Payments

Contractor shall present invoices for all work performed and approved by the Director/Project Manager at the time of pickup or return. Contractor's invoice shall be legible and shall include the following:

1. Date of service;
2. Make and model of vehicle or equipment serviced;
3. Public Works vehicle/equipment identification number;
4. Mileage and/or hour meter readings;
5. Type of service and/or repair performed;
6. Itemized cost for each type of service and itemized parts supplied minus the agreed discount;
7. Indicate any special circumstances when appropriate;
8. Name of Public Works employee who ordered or authorized ordered service;
9. Signature of authorized Project Manager; and
10. Contract number and/or Public Works encumbrance number clearly shown.

Invoices shall be sent to:

County of Los Angeles  
Department of Public Works  
Attention Fiscal Division Accounts Payable  
P.O. Box 7508  
Alhambra, CA 91802-7508

Contractor shall not hand over an invoice to any Public Works driver, project manager, shop superintendent, or mailed to a Public Works Shop. Contractor shall only submit their invoices to Fiscal Division as noted. Public Works reserves the right to return improperly submitted invoices to the Contractor without action.

B. Cost-of-Living Adjustments

There will not be any Cost-of-Living Adjustments during the term of this Contract.

C. Limitation on Compensation

In no event shall the aggregate total amount of compensation paid to Contractor exceed the amount of compensation authorized by the Board. Such aggregate total amount is the Maximum Contract Sum.

D. Only Project Manager May Order Work

Contractor understands and agrees that only the designated Public Works Project Manager is authorized to request or order work under this Contract. The Contractor acknowledges that the designated Project Manager is not authorized to request or order any work that would result in the Contractor earning an aggregate compensation in excess of this Contract's Maximum Contract Sum.

## SECTION 6

## SCHEDULE OF PRICES

FOR

## AS-NEEDED VEHICLE AND EQUIPMENT REPAIR SERVICES

In accordance with the Specifications, the undersigned Proposer is herewith submitting the following Proposal for the performance of the work as described in these Specifications and attached drawings, subject to the Proposer furnishing all materials, except those specified to be furnished by Public Works.

Specified work shall be performed within the period prescribed on the individual work order issued during the contract period and in the manner set forth in these Specifications. Compensation for completed and approved work shall be based on the hereinafter unit prices.

PROPOSERS NEED NOT PROVIDE PRICES FOR EACH ITEM. SUPPLY UNIT PRICE ON ONLY THOSE ITEMS OR SERVICES WHICH YOU CAN PROVIDE PER THE SPECIFICATIONS.

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<u>ITEM No.</u>	<u>ITEM DESCRIPTION</u>	<u>UNIT PRICES</u>
<b>1.</b>	<b>Labor Cost- Contractor's per hour rate.</b>	\$ _____
<b>1.1</b>	<b>Auto/Light Truck Hourly Rates</b>	
a.	Engine Repair, Specify Gas, Diesel or Both	\$ _____
b.	Drive Train Repair	\$ _____
c.	Electrical Repair	\$ _____
d.	Steering, Wheel and Brake Repair	\$ _____
e.	Suspension and Frame Repair	\$ _____
f.	Operating and Hydraulic Repair	\$ _____
g.	Paint and Body Repair	\$ _____
h.	External Wearing Parts Repair	\$ _____

-1.24-

2003 - As Needed Vehicle  
and Equipment Repair

- |    |                             |          |
|----|-----------------------------|----------|
| i. | Window Glass                | \$ _____ |
| j. | Air Conditioning            | \$ _____ |
| k. | Other Repair, Specify _____ | \$ _____ |

**1.2 Medium/Heavy-Duty Trucks Hourly Rates**

- |    |  |          |
|----|--|----------|
| a. | Engine Repair, Specify Gas, Diesel or Both | \$ _____ |
| b. | Drive Train Repair                         | \$ _____ |
| c. | Electrical Repair                          | \$ _____ |
| d. | Steering, Wheel and Brake Repair           | \$ _____ |
| e. | Suspension and Frame Repair                | \$ _____ |
| f. | Operating and Hydraulic Repair             | \$ _____ |
| g. | Paint and Body Repair                      | \$ _____ |
| h. | External Wearing Parts Repair              | \$ _____ |
| i. | Window Glass                               | \$ _____ |
| j. | Air Conditioning                           | \$ _____ |
| k. | Other Repair, Specify _____                | \$ _____ |

**1.3 Construction Equipment Hourly Rates**

- |    |  |          |
|----|--|----------|
| a. | Engine Repair, Specify Gas, Diesel or Both | \$ _____ |
| b. | Drive Train Repair                         | \$ _____ |
| c. | Electrical Repair                          | \$ _____ |
| d. | Steering, Wheel and Brake Repair           | \$ _____ |
| e. | Suspension and Frame Repair                | \$ _____ |
| f. | Operating and Hydraulic Repair             | \$ _____ |

- |    |                               |          |
|----|-------------------------------|----------|
| g. | Paint and Body Repair         | \$ _____ |
| h. | External Wearing Parts Repair | \$ _____ |
| i. | Air Conditioning              | \$ _____ |
| j. | Other Repair, Specify _____   | \$ _____ |

**1.4 Small Equipment Hourly Rates**

- |    |  |          |
|----|--|----------|
| a. | Engine Repair, Specify Gas, Diesel or Both | \$ _____ |
| b. | Drive Train Repair                         | \$ _____ |
| c. | Electrical Repair                          | \$ _____ |
| d. | Steering, Wheel and Brake Repair           | \$ _____ |
| e. | Suspension and Frame Repair                | \$ _____ |
| f. | Operating and Hydraulic Repair             | \$ _____ |
| g. | Paint and Body Repair                      | \$ _____ |
| h. | External Wearing Parts Repair              | \$ _____ |
| i. | Air Conditioning                           | \$ _____ |
| j. | Other Repair, Specify _____                | \$ _____ |

**1.5 Specialized Components Hourly Rates**

- |    |                         |          |
|----|-------------------------|----------|
| a. | Specify Specialty _____ | \$ _____ |
| b. | Specify Specialty _____ | \$ _____ |
| c. | Specify Specialty _____ | \$ _____ |
| d. | Specify Specialty _____ | \$ _____ |
| e. | Specify Specialty _____ | \$ _____ |
| f. | Specify Specialty _____ | \$ _____ |
| g. | Specify Specialty _____ | \$ _____ |

- h. Specify Specialty \_\_\_\_\_ \$ \_\_\_\_\_
- i. Specify Specialty \_\_\_\_\_ \$ \_\_\_\_\_

**2. Pickup and Delivery Costs - Contractor's per hour rate for equipment and labor cost.**

- a. Pickup and Deliver Drivable Small Units \$ \_\_\_\_\_
- b. Pickup and Deliver Drivable Large Units\* \$ \_\_\_\_\_
- c. Small Tow Unit \$ \_\_\_\_\_
- d. Large Tow Unit \$ \_\_\_\_\_
- e. Small Haul Unit \$ \_\_\_\_\_
- f. Large Haul Unit \$ \_\_\_\_\_

**3. Rebuilt/Exchange Components Hourly Rates**

<u>Vehicle Type</u>	<u>Components</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

4. All parts and fluids supplied by Contractor shall be furnished at the Contractor's retail cost minus discount of \_\_\_\_\_ percent plus applicable sales tax.
5. Please indicate the number of years this proposer has been in business using this company name. \_\_\_\_\_ years.

Should the proposal be accepted by the County, I/we further agree to provide the specified services in accordance with the Specifications and Conditions in this RFP.

\* Includes vehicles for which Class A California Driver's License may be required.

=====

\_\_\_\_\_  
Legal Name of Proposer (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Required License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone



## PART II

### SERVICE CONTRACT GENERAL REQUIREMENTS

#### SECTION 1

##### GENERAL DEFINITIONS AND TERMS

- A. The headings herein contained are for convenience and reference only and are not intended to define or limit the scope of any provision thereof.
- B. Whenever in the Specifications, Terms, Requirements, and Conditions the following terms are used, the intent and meaning shall be interpreted as follows:
1. Board. The Board of Supervisors of the County of Los Angeles and Ex Officio Board of Supervisors of the Los Angeles County Flood Control District.
  2. Contract. The written agreement covering the performance of the service and the furnishing of labor, materials, supervision, and equipment in the performance of the service. The Contract shall include the Specifications, together with any special provisions thereof. Included are all supplemental agreements amending or extending the service to be performed which may be required to supply acceptable services specified herein.
  3. Contractor. The person or persons, partnership, joint venture, corporation or other entity who has entered into an agreement with the County to perform or execute the work covered by these Specifications.
  4. Contract Work, Work. performed for the County by a licensed Contractor. The entire contemplated work of construction, maintenance, and repair to be performed and services rendered as prescribed in the Specifications and covered by this Contract.
  5. County. Includes County of Los Angeles, County of Los Angeles Department of Public Works, Los Angeles County Flood Control District, Los Angeles County Road Department, and/or Los Angeles County Engineer.
  6. Director. The Director of Public Works, County of Los Angeles, as used herein, includes the Road Commissioner, County of Los Angeles; County Engineer, County of Los Angeles; Chief Engineer, Los Angeles County

Flood Control District; and/or their authorized representative(s).

7. District. Los Angeles County Flood Control District, County of Los Angeles Department of Public Works, County of Los Angeles Sewer Maintenance Districts, and/or County of Los Angeles Waterworks Districts.
  8. Maximum Contract Sum. The aggregate total amount of compensation authorized by the Board.
  9. Proposal. The written instrument which a Contractor submitted in conformance with the solicitation document (Request for Proposals).
  10. Proposer. Any individual, firm or corporation submitting a priced Proposal for the work, acting directly or through a duly authorized representative.
  11. Public Works. County of Los Angeles Department of Public Works.
  12. Solicitation Document. Request for Proposals or Request for Quotation.
  13. Specifications. The directions, provisions, and requirements contained herein and as supplemented by such special provisions as may be necessary pertaining to method, manner, and place of performing the work under this Contract.
- C. Should there be any uncertainty, ambiguity, or discrepancy in the terms or provisions hereof, or should any misunderstanding arise as to the interpretation to be placed upon any position hereof or the applicability of the provisions hereunder, the Director will be consulted. The Director's decision thereon will be final and conclusive.

## SECTION 2

### GENERAL PROPOSAL REQUIREMENTS AND CONDITIONS

#### A. Knowledge of Work to be Done

By submitting a Proposal, Proposers will be held (1) to have carefully read the solicitation document and all attachments, (2) to have satisfied themselves as to their ability to meet all of the difficulties attending the execution of the proposed work before the delivery of their Proposal, and (3) agree that if awarded this Contract, no claim will be made against the County based on ignorance or misunderstanding of the solicitation document.

#### B. Withdrawal of Proposals

Proposers may withdraw their Proposal anytime before the date and hour set for submission upon presentation of a written request to the Director signed by an authorized representative of the Proposer or by the person filing the Proposal.

#### C. Invalid Proposals

It is the sole responsibility of the Proposer to see that its Proposal is properly received by Public Works before the submission deadline. Proposers shall bear all risks associated with private delivery services or with delays in the U.S. Mail.

Proposals submitted by telegram and those which are not clocked in at Public Works' Headquarters Lobby Cashier before the date and hour set for receipt of the same will not be considered and will be returned to the Proposer unopened.

#### D. Altering Solicitation Document

The wording of the solicitation document shall not be changed. Any additions, conditions, limitations, or provisions inserted by the Proposer shall render their Proposal irregular and may cause its rejection.

#### E. Term of Proposals

All Proposals shall be firm offers and may not be withdrawn for a period of 120 days following the last day to accept Proposals.

#### F. Acceptance or Rejection of Proposals

The right is reserved to reject any or all Proposals not suitable in the judgment of the Board/Director to be in the best interests of the County/Public Works. In the event of

any such rejection, the County will not be liable for any costs incurred in connection with the preparation and submittal of a Proposal.

Proposals signed by an agent other than an officer of a corporation or a member of a general co-partnership, must be submitted with a power of attorney authorizing such signature; otherwise, the Proposal will be rejected as irregular and unauthorized.

No Proposal will be considered unless the Proposer submits a Proposal for all requested items. If the solicitation document contains multi-Proposal requests, no Proposal will be considered unless the Proposer submits a price on all items within each category, though the Proposer may not be required to submit a price on all the categories.

G. Qualification of Proposer

No award will be made to any Proposer who cannot give satisfactory assurance as to its ability to carry out this Contract, based both on financial strength and experience as a contractor on work of the nature contemplated in the proposed Contract. Proposers are encouraged to submit records of work of similar nature, size, or extent to that proposed under these Specifications. A reasonable inquiry to determine the responsibility of a Proposer will be conducted. The unreasonable failure of a Proposer to promptly supply information in connection with such inquiry, including, but not limited to information regarding past performance, financial stability, and ability to perform on schedule, may be grounds for a determination of nonresponsibility with respect to such Proposer. Unfamiliarity with the type of work required by Public Works may be sufficient cause for rejection of the Proposal.

H. Proposer's Safety Record

A review of the Proposer's safety record will be made before the award. Proposers are required to submit this information, with their Proposal, on the Contractor's Industrial Safety Record form provided. Nonsubmission or an adverse finding as to the Proposer's safety record may be sufficient cause for rejection of the Proposal.

I. Proposer's License Requirements

Proposers shall be properly licensed by the State of California to perform the work proposed under these Specifications. Lack of proper license at the time of submission of Proposal will be sufficient cause for rejection of the Proposal.

J. Wages, Materials, and Other Costs

It is the responsibility of the Proposer to calculate the Proposal price to take into consideration a possible escalation of wages, materials, and other costs during the contract period. The Board, County, Public Works, District, or Director do not presume what future costs may be or the rate of wages that may become necessary to pay employees of the Contractor for the work performed during the Contract period.

K. Qualifications of Subcontractors

Proposers shall list all subcontractors to be used on the List of Subcontractors form provided. The use of subcontractors shall be according to the provisions of Part II, Section 4, Paragraphs D and G. Subcontractors shall be properly licensed under the laws of the State of California for the type of work which they are to perform. Alternate subcontractors shall not be listed for the same work.

L. Opening of Proposals

Proposals will not be publicly opened.

M. Disqualification of Proposers

More than one Proposal from an individual, firm, or partnership, corporation, or association under the same or different names will not be considered. Reasonable grounds for believing that any Proposer has interest in more than one Proposal for the work contemplated will cause the rejection of all Proposals in which such Proposer has interest. If there is reason for believing that collusion exists among the Proposers, none of the participants in such collusion will be considered in this or future Proposals.

N. Proposal Prices and Agreement of Figures

If the total amount arrived at by multiplying the unit price times the quantity does not agree with the total amount entered for the item or if the total amount is not entered, the unit price and the corrected extension will be considered as representing the Proposer's intentions.

If the total amount is entered for the item, but not the unit price, the unit price will be that which is derived by dividing the total amount proposed for the item by the number of units in the item as representing the Proposer's intentions.

If the items are incorrectly totaled, the corrected total will be considered as representing the Proposer's intentions.

O. Disclosure of Contents of Proposals

All Proposals in response to the solicitation document will become the exclusive property of the County. At such time as Public Works recommends the award of this Contract to the Board and that letter appears on the Board's agenda, all Proposals will become a matter of public record and will be regarded as public records, except those parts of each Proposal which are defined by the Proposer as business or trade secrets, and plainly marked as "trade secret." Designation of all or substantial portions of the Proposal as "trade secret" or inappropriate designation of portions of the Proposal as "trade secret" may result in the Proposal being rejected as nonresponsive. The County will not in any way be liable or responsible for the disclosure of any such records, or any parts thereof, if disclosure is required or permitted under the California Public Records Act or otherwise by law.

P. Gratuities

It is improper for any County officer, employee, or agent to solicit consideration, in any form, from a Proposer with the implication, suggestion, or statement that the Proposer's provision of the consideration may secure more favorable treatment for the Proposer in the award of this Contract or that the Proposer's failure to provide such consideration may negatively affect the County's consideration of the Proposer's submission. A Proposer shall not offer or give, either directly or through an intermediary, consideration, in any form, to a County officer, employee or agent for the purpose of securing favorable treatment with respect to the award of this Contract.

A Proposer shall immediately report any attempt by a County officer, employee, or agent to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (213) 974-0914 or (800) 544-6861. Failure to report such a solicitation may result in the Proposer's submission being eliminated from consideration. Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment or tangible gifts.

Q. Determination of Proposer Responsibility

1. A responsible Proposer is a Proposer who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience to satisfactorily perform the proposed contract. It is the County's policy to conduct business only with responsible contractors.

2. Proposers are hereby notified that, in accordance with Chapter 2.202 of the County Code, the County may determine whether the Proposer is responsible based on a review of the Proposer's performance on any contracts, including but not limited to County contracts. Particular attention will be given to violations of labor laws related to employee compensation and benefits, and evidence of false claims made by the Proposer against public entities. Labor law violations which are the fault of subcontractors and of which the Proposer had no knowledge shall not be the basis of a determination that the Proposer is not responsible.
3. The County may declare a Proposer to be non-responsible for purposes of this proposed Contract if the Board, in its discretion, finds that the Proposer has done any of the following: (1) committed any act or omission which negatively reflects on the Proposer's quality, fitness, or capacity to perform this proposed Contract with the County or a contract with any other public entity, or engaged in a pattern or practice which negatively reflects on same, (2) committed an act or omission which indicates a lack of business integrity or business honesty, or (3) made or submitted a false claim against the County or any other public entity.
4. If there is evidence that the highest rated Proposer may not be responsible, Public Works will notify the Proposer in writing of the evidence relating to the Proposer's responsibility, and its intention to recommend to the Board that the Proposer be found not responsible. Public Works will provide the Proposer and/or the Proposer's representative with an opportunity to present evidence as to why the Proposer should be found to be responsible and to rebut evidence which is the basis for Public Works' recommendation. If the Proposer fails to avail itself of the opportunity to rebut Public Works' evidence, the Proposer may be deemed to have waived all rights of appeal.
5. If the Proposer presents evidence in rebuttal to Public Works, Public Works will evaluate the merits of such evidence, and based on that evaluation, make a recommendation to the Board. The final decision concerning the responsibility of the Proposer will reside with the Board.
6. These terms shall also apply to proposed subcontractors of Proposer on County contracts.

R. Proposer Debarment

1. The Proposer is hereby notified that, in accordance with Chapter 2.202 of the County Code, the County may debar

the Proposer from bidding on other County contracts for a specified period of time, not to exceed 3 years, and the County may terminate any or all of the Proposer's existing contracts with County, if the Board finds, in its discretion, that the Proposer has done any of the following: (1) violated any term of a contract with the County, (2) committed any act or omission which negatively reflects on the Proposer's quality, fitness, or capacity to perform a contract with the County or any other public entity, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against the County or any other public entity.

2. If there is evidence that the highest rated Proposer may be subject to debarment, Public Works will notify the Proposer in writing of the evidence which is the basis for the proposed debarment, and will advise the Proposer of the scheduled date for a debarment hearing before the Contractor Hearing Board.
3. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. The Proposer and/or the Proposer's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board will prepare a proposed decision, which will contain a recommendation regarding whether the Proposer should be debarred, and, if so, the appropriate length of time of the debarment. If the Proposer fails to avail itself of the opportunity to submit evidence to the Contractor Hearing Board, the Proposer may be deemed to have waived all rights of appeal.
4. A record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board will be presented to the Board. The Board will have the right to modify, deny or adopt the proposed decision and recommendation of the Contractor Hearing Board.
5. These terms shall also apply to proposed subcontractors of Proposer on County contracts.

S. Safely Surrendered Baby Law

The Proposer shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in the Attachments of this solicitation document and is also available on the Internet at [www.babysafela.org](http://www.babysafela.org) for printing purposes.



### SECTION 3

#### GENERAL CONTRACT REQUIREMENTS AND CONDITIONS

A. Care and Protection of Facilities

The Contractor shall recognize that any damage to Public Works' facilities from Contractor negligence shall, to Public Works' satisfaction, be repaired at the Contractor's expense. The Contractor shall be responsible for the security of any and all of Public Works facilities in its care. The Contractor shall provide protection against vandalism, accidental, or malicious damage, both during working and nonworking hours.

B. Equipment, Labor, Supervision, and Materials

All equipment, labor, supervision, and materials required to accomplish this Contract, except as might be specifically outlined in other sections, shall be provided by the Contractor.

C. Permits/Licenses

The Contractor shall be fully responsible for possessing or obtaining any required permits/licenses from the appropriate Federal, state, or local authorities for work to be accomplished under this Contract.

D. Quality of Work

The Contractor shall provide the quality of services under this Contract which is at least equivalent to that which the Contractor provides to all other clients it serves. All work shall be executed by experienced workers. All work shall be under supervision of a well-qualified supervisor(s). The Contractor also agrees that services shall be furnished in a professional manner and according to these Specifications.

E. Cooperation and Collateral Work

The Contractor shall perform work as directed by the Director. The Director will be supported by other Public Works personnel in assuring satisfactory performance of the work under these Specifications and that satisfactory contract controls and conditions are maintained.

F. Authority of Public Works and Inspection

The Director will have the final authority in all matters affecting the work covered by this Contract's Terms, Requirement, Conditions, and Specifications. On all questions relating to work acceptability or interpretations of these

Terms, Requirements, Conditions, and Specifications, the decision of the Director will be final.

G. Changes and Amendments of Terms

The County reserves the right to change any portion of the work required under this Contract, or amend such terms and conditions which may become necessary. Any such revisions shall be accomplished in the following manner:

1. For any change which does not materially affect the scope of work, period of performance, payments, or any material term or condition included in this Contract, a Change Notice shall be prepared and signed by the Director and Contractor.
2. For any revision which materially affects the scope of work, period of performance, payments, or any material term or condition included in this Contract, a negotiated modification to this Contract shall be executed by the Board and the Contractor.
3. To the extent that extensions of time for Contractor performance do not impact either scope or cost of this Contract, Public Works may, at its sole discretion, grant the Contractor extensions of time provided, however, that the aggregate of all such extensions during the life of this Contract shall not exceed 60 days.

H. Gratuitous Work

The Contractor agrees that should work be performed outside the scope of work indicated and without Public Works' prior written approval according to "Changes and Amendments of Terms" (above), such work shall be deemed to be a gratuitous effort by the Contractor, and the Contractor shall have no claim, therefore, against the County.

I. No Payment for Services Following Expiration or Termination of Contract

The Contractor shall have no claim against the County for payment of any money or reimbursement of any kind whatsoever for any service provided by the Contractor after the expiration or other termination of this Contract. Should the Contractor receive any such payment it shall immediately notify the County and shall immediately repay all such funds to the County. Payment by the County for services rendered after expiration or other termination of this Contract shall not constitute a waiver of the County's right to recover such payment from the Contractor. This provision shall survive the expiration or other termination of this Contract.

J. Safety Requirements

The Contractor shall be responsible for the safety of equipment, material, and personnel under the Contractor's jurisdiction during the work.

K. Public Safety

It shall be the Contractor's responsibility to maintain security against public hazards at all times while performing work at Public Works' job sites.

L. Confidentiality

The Contractor shall maintain the confidentiality of all its records relating to this Contract, according to all applicable Federal, state, and County laws, regulations, ordinances, and directives relating to confidentiality. The Contractor shall inform all of its officers, employees, and agents providing services hereunder of the confidentiality provisions of this Contract.

M. Quantities of Work

The Contractor shall be allowed no claims for anticipated profits for any damages of any sort because of any difference between the estimated and actual quantities of work done or for work decreased or eliminated by the County.

N. Work Area Controls

The Contractor shall comply with all applicable laws and regulations. The Contractor shall maintain work area in a neat, orderly, clean, and safe manner. The Contractor shall avoid spreading out equipment excessively. Location and layout of all equipment and materials at each job site will be subject to the Director's approval.

O. Transportation

Public Works will not provide transportation to and from the job site, nor travel around the limits of the job site.

P. Storage of Material and Equipment

The Contractor shall not store material or equipment at the job site, except as might be specifically outlined in other sections. Public Works will not be liable or responsible for any damage, by whatever means, or for the theft of the Contractor's material or equipment from any job site.

Q. County's Quality Assurance Plan

The County or its agent will evaluate Contractor's performance under this Contract on not less than an annual basis. Such evaluation will include assessing Contractor's compliance with all Contract terms and performance standards. Contractor deficiencies which County determines are severe or continuing and that may place performance of this Contract in jeopardy, if not corrected, will be reported to the Board. The report will include improvement/corrective action measures taken by the County and Contractor. If improvement does not occur consistent with the corrective action measures, County may terminate this Contract or impose other penalties as specified in this Contract.

R. County's Policy on Child Support Laws

Contractor acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Contractor understands that it is County's policy to encourage all County contractors to voluntarily post the County's "L. A.'s Most Wanted: Delinquent Parents List" in a prominent position at Contractor's place of business. County will supply Contractor with the poster to be used.

S. Job Site Safety

The Contractor shall be solely responsible for ensuring that all work performed under this Contract is performed in strict compliance with all applicable Federal, State and local occupational safety regulations. The Contractor shall provide at its expense all safeguards, safety devices and protective equipment, and shall take any and all actions appropriate to providing a safe job site.

T. Recycled-Content Paper Products

Consistent with Board policy to reduce the amount of solid waste deposited at the County landfills, the Contractor agrees to use recycled content paper to the maximum extent possible under this Contract.

U. Contractor Responsibility and Debarment

1. A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience to satisfactorily perform the proposed Contract. It is the County's policy to conduct business only with responsible contractors.
2. The Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if the County

acquires information concerning the performance of the Contractor on this or other contracts which indicates that the Contractor is not responsible, the County may, in addition to other remedies provided in the Contract, debar the Contractor from bidding on County contracts for a specified period of time not to exceed three years, and terminate any or all existing contracts the Contractor may have with the County.

3. The County may debar a contractor if the Board finds, in its discretion, that the Contractor has done any of the following: (1) violated any term of a contract with the County, (2) committed any act or omission which negatively reflects on the Contractor's quality, fitness or capacity to perform a contract with the County or any other public entity, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against the County or any other public entity.
4. If there is evidence that the Contractor may be subject to debarment, Public Works will notify the Contractor in writing of the evidence which is the basis for the proposed debarment and will advise the Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.
5. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. The Contractor and/or the Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board will prepare a proposed decision, which will contain a recommendation regarding whether the Contractor should be debarred, and, if so, the appropriate length of time of the debarment. If the Contractor fails to avail itself of the opportunity to submit evidence to the Contractor Hearing Board, the Contractor may be deemed to have waived all rights of appeal.
6. A record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board will be presented to the Board. The Board will have the right to modify, deny or adopt the proposed decision and recommendation of the Contractor Hearing Board.
7. These terms shall also apply to subcontractors of Contractor.

V. Jury Service Program

1. This Contract is subject to the provisions of the County's ordinance entitled Contractor Employee Jury

Service ("Jury Service Program") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code.

2. Written Employee Jury Service Policy

- a. Unless Contractor has demonstrated to the County's satisfaction either that Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), Contractor shall have and adhere to a written policy that provides that its Employees shall receive from the Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the Employee's regular pay the fees received for jury service.
- b. For purposes of this Section, "Contractor" means a person, partnership, corporation, or other entity which has a contract with the County or a subcontract with a County contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts. "Employee" means any California resident who is a full-time employee of Contractor. "Full-time" means 40 hours or more worked per week, or a lesser number of hours if the lesser number is a recognized industry standard and is approved as such by the County. If Contractor uses any subcontractor to perform services for the County under this Contract, the subcontractor shall also be subject to the provisions of this Section. The provisions of this Section shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.
- c. If Contractor is not required to comply with the Jury Service Program when this Contract commences, Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if Contractor no longer qualifies for an exception to the Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. The County may also require, at

any time during this Contract and at its sole discretion, that Contractor demonstrate to the County's satisfaction that Contractor either continues to remain outside of the Jury Service Program's definition of "Contractor" and/or that Contractor continues to qualify for an exception to the Program.

- d. Contractor's violation of this Section of this Contract may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, terminate this Contract and/or bar Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

W. Local Small Business Enterprise Program.

1. This Contract is subject to the provisions of the County's ordinance entitled Local Business Enterprise Preference Program, as codified in Chapter 2.204 of the Los Angeles County Code.
2. Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a Local Small Business Enterprise.
3. Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a Local Small Business Enterprise.
4. If Contractor has obtained County certification as a Local Small Business Enterprise by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this Contract to which it would not otherwise have been entitled, shall:
  - a. Pay to the County any difference between the contract amount and what the County's costs would have been if the contract had been properly awarded;
  - b. In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent of the amount of the contract; and

- c. Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Non-responsibility and Contractor Debarment).
- d. The above penalties shall also apply if Contractor is no longer eligible for certification as a result of a change of its status and Contractor failed to notify the State and the County's Office of Affirmative Action Compliance of this information.



## SECTION 4

### LABOR RELATIONS AND RESPONSIBILITIES

#### A. Labor Compliance

The Contractor, its agents and employees shall be bound by and shall comply with all applicable provisions of the Labor Code of the State of California, as well as all other applicable Federal, state, and local laws related to labor. The Contractor shall comply with Labor Code Section 1777.5 with respect to the employment of apprentices.

#### B. Labor

No person shall be employed on any work under this Contract who is found to be intemperate, troublesome, disorderly, or is otherwise objectionable to Public Works. Any such person shall be reassigned immediately and not again employed on Public Works' work.

#### C. Public Convenience

The Contractor shall so conduct operations to cause the least possible obstruction and inconvenience to public traffic or disruption to the peace and quiet of the area within which services are performed.

#### D. Subcontractors

No subcontractor shall be recognized or dealt with by the Board or any of the persons chargeable with the enforcement of this Contract. The Contractor shall, at all times, be personally responsible for the performance of this Contract.

#### E. Cooperation

The Contractor shall cooperate with Public Works' forces engaged in any other activities at the job site. The Contractor shall carry out all work in a diligent manner and according to instructions of the Director.

#### F. Delegation and Assignment

The Contractor may not delegate its duties and/or assign or transfer its rights hereunder, either in whole or in part, without the prior written consent of the Board.

G. Subcontracting

No performance of this Contract or any portion thereof may be subcontracted by the Contractor without the express written consent of the County. Any attempt by the Contractor to subcontract any performance of the terms of this Contract without the express written consent of the County shall be null and void and shall constitute a breach of the terms of this Contract. In the event of such a breach, this Contract may be terminated forthwith.

In the event the County should consent to subcontracting, each and all of the provisions of this Contract and any amendment thereto shall extend to and be binding upon and inure to the benefit of the successors or administrators of the respective parties.

In the event the County should consent to subcontracting, the Contractor shall include in all subcontracts the following provision: "This Agreement is a subcontract under the terms of a prime contract with the County of Los Angeles. All representations and warranties shall inure to the benefit of the County of Los Angeles."

Any third party delegate(s) appointed by the Contractor shall be specified in writing to the Director for advance concurrence.

H. Overtime

Eight hours labor constitutes a legal day's work. Work in excess thereof, or greater than 40 hours during any one week, shall be permitted only as authorized by Labor Code Section 1815.

I. Child Support Compliance Program

As required by the County's Child Support Compliance Program (County Code Chapter 2.200), Contractor shall maintain compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653) and California Unemployment Insurance Code Section 1088.5, and shall implement lawfully served Wage and Earnings Withholding Orders or District Attorney Notice of Wage Earnings Assignment for Child or Spousal Support, pursuant to Code of Civil Procedures, Section 706.031 and Family Code, Section 5246(b).

J. Prohibition Against Use of Child Labor

The Contractor shall:

1. Not knowingly sell or supply to County any products, goods, supply, or other personal property manufactured in

violation of child labor standards set by the International Labor Organization through its 1973 Convention Concerning Minimum Age for Employment;

2. Upon request by County, provide the country/countries of origin of any products, goods, supplies, or other personal property Contractor sells or supplies to County; and,
3. Upon request by County, provide to County the manufacturer's certification of compliance with all international child labor conventions.

Should County discover that any products, goods, supplies, or other personal property sold or supplied by Contractor to County are produced in violation of any international child labor conventions, Contractor shall immediately provide an alternative, compliant source of supply.

Failure by Contractor to comply with provisions of this clause will be grounds for immediate cancellation of this Contract.

K. Consideration of Hiring GAIN Employees

Should the Contractor require additional or replacement personnel after the effective date of this Contract, Contractor shall give consideration for any such employment openings to participants in the County's Department of Public Social Services' Greater Avenues for Independence (GAIN) Program who meet Contractor's minimum qualifications for the open position. The County will refer GAIN participants by category to the Contractor.

L. Notice to Employees Regarding the Federal Earned Income Credit

Contractor shall notify its employees, and shall require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the Federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice 1015.

M. Consideration of Hiring County Employees Targeted for Layoffs

Should the Contractor require additional or replacement personnel after the effective date of this Contract to perform the services set forth herein, the Contractor shall give first consideration for such employment openings to qualified permanent County employees who are targeted for layoff or qualified former County employees who are on a reemployment list during the life of this Contract.

SECTION 5

TERMINATION OF CONTRACT

A. Unsatisfactory Service

Public Works reserves the right to cancel these services, upon giving 14 days' written notice, if the services are deemed unsatisfactory in the opinion of the Director.

B. Convenience

It is not the intent of the County to terminate this Contract before the completion of all items except for sound business reasons of which the County shall be the sole judge, however, and notwithstanding:

1. The County reserves the right to renegotiate the terms of this Contract to reduce the Contractor's compensation in the event such reduction is necessary, in the sole discretion of the County, to achieve County budget reductions. Nothing in this paragraph is intended to diminish the County's right to terminate this Contract as provided herein.
2. The County may at any time terminate this Contract, or any portion thereof, without liability (except as hereinafter provided) by delivering to the Contractor written notice specifying the desired termination date at least 30 days in advance thereof.
3. If this Contract is terminated, the Contractor shall, within 30 days of the Notice of Termination, complete those items of work which are in various stages of completion which the Director determines are necessary to bring the work to a timely, logical, and orderly end. Reports, samples, and other materials prepared by the Contractor under this Contract shall be delivered to the County upon request and shall become the property of the County.

C. Termination for Noncompliance with Child Support Requirements

Contractor shall maintain compliance with requirements of County's Child Support Compliance Program as certified in the Contractor's Child Support Compliance Program Certification and as set forth in this Contract. Failure of the Contractor to maintain compliance with these requirements will constitute a default under this Contract. Failure to cure such a default within 90 days of notice by the County shall be grounds upon which the County may give notice of termination and terminate this Contract.

D. Termination Claim

If this Contract is terminated, the Contractor shall, within 60 days after the Notice of Termination, submit to the County its termination claim.

Subject to the provisions of the paragraph immediately below, the County and the Contractor shall negotiate an equitable amount to be paid the Contractor by reason of the total or partial termination of work pursuant to this clause, which amount may include a reasonable allowance for profit on services rendered, but shall not include an allowance on services terminated. The County will pay the agreed amount provided that such amount shall not exceed the total funding obligated under this Contract, and reduced by the amount of payments otherwise made, and as further reduced by this Contract price of services not terminated.

Failure of the Contractor to submit its termination claim and invoice within the time allowed, the County may determine, based on information available to the County, the amount, if any, due to the Contractor in respect to the termination, and such determination shall be final. After such determination is made, the County will pay the Contractor the amount so determined.

PART III

STANDARD TERMS AND CONDITIONS

LOS ANGELES COUNTY SERVICES CONTRACTS

A. Limitation of the County's Obligation Due to Non-appropriation of Funds

1. The County's obligation is payable only and solely from funds appropriated for the purpose of this Contract.
2. All funds for payments after June 30 of the current fiscal year are subject to the County's legislative appropriation for this purpose. Payments during subsequent fiscal periods are dependent upon the same action.
3. In the event this Contract extends into succeeding fiscal year periods, and if the governing body appropriating the funds does not allocate sufficient funds for the next succeeding fiscal year's payments, then the affected equipment and/or services shall be terminated as of June 30 of the then current fiscal year. The County shall notify the Contractor in writing of such non-allocation at the earliest possible date.

B. Nondiscrimination in Employment

The Contractor shall ensure that qualified applicants are employed, and that employees are treated during employment without regard to their race, color, religion, ancestry, national origin, age, condition of physical or mental disability, marital status, political affiliation, sexual orientation, or gender. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection of training, including apprenticeship.

The Contractor shall deal with its subcontractors, bidders, or vendors without regard to, or because of, race, color, religion, ancestry, national origin, age, condition of physical or mental disability, marital status, political affiliation, sexual orientation, or gender.

The Contractor shall allow the County representative access to its employment records during regular business hours to verify compliance with the provisions of this section when so requested by the County.

If the County finds that any of the above provisions have been violated, the same shall constitute a material breach of contract upon which the County may determine to cancel, terminate, or suspend this Contract. While the County reserves the right to determine independently that the antidiscrimination provisions of this Contract have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that the Contractor has violated State or Federal antidiscrimination laws or regulations shall constitute a finding by the County that the Contractor has violated the antidiscrimination provisions of this Contract.

The parties agree that in the event the Contractor violates the antidiscrimination provisions of this Contract, the County shall, at its option, be entitled to a sum of \$500 pursuant to California Civil Code Section 1671 as liquidated damages in lieu of canceling, terminating, or suspending this Contract.

C. Assignment

This Contract, or any interest therein, including any claims for monies due or to become due with respect thereto, may only be assigned upon the written consent of the Director and any prohibited assignment shall be null and void. Any payments to any assignee of any claim under this Contract, in consequence of each consent, shall be subject to set-off, recoupment, or other reduction for any claim which the County may have.

D. Assurance of Compliance with Civil Rights Laws

The Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000e through 2000e(17), to the end that no person shall, on the grounds of race, creed, color, gender, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.

E. Compliance with Laws

1. The Contractor agrees to comply with all applicable Federal, State, and local laws, rules, regulations, or ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference.
2. The Contractor agrees to indemnify and hold the County harmless from any loss, damage, or liability resulting from a violation on the part of the Contractor of such laws, rules, regulations, or ordinances.

F. Covenant Against Contingent Fees

1. The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.
2. For breach or violation of this warranty, the County shall have the right to terminate this Contract and, at its sole discretion, deduct from this Contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

G. Governing Laws

This Contract shall be construed in accordance with and governed by the laws of the State of California.

H. Termination for Improper Consideration

County may, by written notice to Contractor, immediately terminate the right of the Contractor to proceed under this Contract if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee or agent with the intent of securing this Contract or securing favorable treatment with respect to the award, amendment or extension of this Contract or the making of any determinations with respect to the Contractor's performance pursuant to this Contract. In the event of such termination, County shall be entitled to pursue that same remedies against Contractor as it could pursue in the event of default by the Contractor.

Contractor shall immediately report any attempt by a County officer or employee to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (213) 974-0914 or (800) 554-6861. Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment or tangible gifts.

I. Notice of Delays

Except as otherwise provided herein, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Contract, that party shall, within five days, give notice thereof, including all relevant information with respect thereto, to the other party.



J. Record Retention and Inspection

The Contractor agrees that the County or any duly authorized representative shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent transaction, activity, time cards, or other records relating to this Contract. Such material, including all pertinent costs, accounting, financial records, and proprietary data, shall be kept and maintained by the Contractor, at a location in Los Angeles County, for a period of five years after completion of this Contract unless the County's written permission is given to dispose of material prior to the end of such period.

K. Validity

The invalidity in whole or in part of any provision of this Contract shall not void or affect the validity of any other provision.

L. Waiver

No waiver of a breach of any provision of this Contract by either party shall constitute a waiver of any other breach of said provision or any other provision of this Contract. Failure of either party to enforce at anytime or from time to time, any provision of this Contract shall not be construed as a waiver thereof. The remedies herein reserved shall be cumulative and additional to any other remedies in law or equity.

M. Default for Insolvency

1. The County may cancel forthwith this Contract for default in the event of the occurrence of any of the following:
  - a. Insolvency of the Contractor. The Contractor shall be deemed to be insolvent if it has ceased to pay its debts in the ordinary course of business or cannot pay its debts as they become due, whether it has committed an act of bankruptcy or not, and whether insolvent within the meaning of the Federal Bankruptcy Law or not.
  - b. The filing of a voluntary petition to have the Contractor declared bankrupt.
  - c. The appointment of a Receiver or Trustee for the Contractor.
  - d. The execution by the Contractor of an assignment for the benefits of creditors.

2. The rights and remedies of the County provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

N. Default

1. The County may, subject to the provisions of Paragraph 3 below, by written notice of default to the Contractor, terminate the whole or any part of this Contract in any one of the following circumstances:
  - a. If the Contractor fails to perform the services within the time specified herein or any extension thereof; or
  - b. If the Contractor fails to perform any of the other provisions of this Contract, or so fails to make progress as to endanger performance of this Contract in accordance with its terms, and in either of these two circumstances does not cure such failure within a period of 10 calendar days (or such longer period as the County may authorize in writing) after receipt of notice from the County specifying such failure.
2. In the event the County terminates this Contract in whole or in part as provided in Paragraph "a" above, the County may procure, upon such terms and in such manner as the County may deem appropriate, services similar to those so terminated, and the Contractor shall be liable to the County for any excess costs for such similar services, provided that the Contractor shall continue the performance of this Contract to the extent not terminated under the provisions of this clause.
3. Except with respect to defaults of subcontractors, the Contractor shall not be liable for any excess costs if the failure to perform this Contract arises out of causes beyond the control and without the fault or negligence of the Contractor.

Such causes may include, but are not restricted to acts of God or of the public enemy, acts of the County in either its sovereign or contractual capacity, acts of the Federal or State government in its sovereign capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without the fault or negligence of the Contractor. If the failure to perform is caused by the default of a subcontractor, and if such default arises out of causes beyond the control of both the Contractor and subcontractor, and without the negligence of either

of them, the Contractor shall not be liable for any excess costs for failure to perform, unless the supplies or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the Contractor to meet the required delivery schedule.

4. If, after Notice of Termination of this Contract under the provisions of this clause, it is determined for any reason that the Contractor was not in default under the provisions of this clause, or that the default was excusable under the provisions of this clause, the rights and obligations of the parties shall be the same as if the Notice of Termination had been issued pursuant to the Termination for Convenience of the County clause above (see Part II, Section 5).
5. The rights and remedies of the County provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.
6. As used herein, the terms "subcontractor" and "subcontractors" mean persons, companies, corporations, or other organizations furnishing supplies, services of any nature, equipment, or materials to Contractor, at any tier, under oral or written agreement.

O. Disclosure of Information

The Contractor shall not disclose any details in connection with this Contract to any party, except as may be otherwise provided herein or required by law. However, in recognizing the Contractor's need to identify its services and related clients to sustain itself, the County shall not inhibit the Contractor from publicizing its role under this Contract within the following conditions:

1. The Contractor shall develop all publicity material in a professional manner.
2. During the course of performance of this Contract, the Contractor, its employees, agents, and subcontractors shall not publish or disseminate commercial advertisements, press releases, opinions or feature articles using the name of the County without the prior written consent of the Chief Administrative Officer and County Counsel. The County shall not unreasonably withhold written consent and approval by the County may be assured in the event no adverse comments are received in writing within two weeks after submittal.

3. The Contractor may, without prior written permission of the County, indicate in its proposals and sales materials that it has been awarded a Contract to provide these services, provided that the requirements of this Article shall apply.

P. Notification

1. Notices desired or required to be given under these Specifications, Conditions, or Terms herein or any law now or hereafter in effect may, at the option of the party giving the same, be given by enclosing the same in a sealed envelope addressed to the party for whom intended and by depositing such envelope with postage prepaid in the United States Post Office or any substation thereof, or any public box, and any such notice and the envelope containing the same shall be addressed to the Contractor at its place of business, or such other place as may be hereinafter designated in writing by the Contractor. The notices and envelopes containing the same to the County shall be addressed to:

Assistant Director  
County of Los Angeles Department of Public Works  
P.O. Box 1460  
Alhambra, CA 91802-1460

2. In the event of suspension or termination of this Contract, notices may also be given upon personal delivery to any person whose actual knowledge of such suspension or termination would be sufficient notice to the Contractor. Actual knowledge of such suspension or termination by an individual Contractor or by a copartner, if the Contractor is a partnership; or by the president, vice president, secretary or general manager, if the Contractor is a corporation; or by the managing agent regularly in charge of the work on behalf of said Contractor shall in any case be sufficient notice.

Q. Notice to Employees Regarding the Safely Surrendered Baby Law

The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in the Attachments to this Contract and is also available on the Internet at [www.babysafela.org](http://www.babysafela.org) for printing purposes.

R. Contractor's Acknowledgment of County's Commitment to the Safely Surrendered Baby Law.

The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all County contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. The County's Department of Children and Family Services will supply the Contractor with the poster to be used.

# ATTACHMENTS

- \* AFFIDAVIT FOR PARTNERSHIP PROPOSAL
- \* AFFIDAVIT FOR CORPORATION PROPOSER
- \* AFFIDAVIT FOR INDIVIDUAL PROPOSER
- \* AFFIDAVIT FOR JOINT VENTURE
- \*\* BIDDER'S PROPOSAL
- \*\* CONTRACTOR'S INDUSTRIAL SAFETY RECORD
- \*\* CERTIFICATE CONFLICT OF INTEREST
- \*\* PROPOSER'S/OFFEROR'S EEO CERTIFICATION
- \*\* REQUEST FOR LOCAL SMALL BUSINESS ENTERPRISE (SBE) PREFERENCE PROGRAM CONSIDERATION AND CBE FIRM/ORGANIZATION INFORMATION FORM
- \*\* GAIN/GROW EMPLOYMENT COMMITMENT
- \*\* PRINCIPAL OWNER INFORMATION FORM (SUBMIT DIRECTLY TO CHILD SUPPORT SERVICES DEPARTMENT, AND A COPY TO PUBLIC WORKS)
- \*\* CHILD SUPPORT COMPLIANCE PROGRAM CERTIFICATION (SUBMIT DIRECTLY TO CHILD SUPPORT SERVICES DEPARTMENT, AND A COPY TO PUBLIC WORKS)
- \*\* COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM APPLICATION FOR EXCEPTION AND CERTIFICATION FORM
- POLICY ON DOING BUSINESS WITH SMALL BUSINESS
- INTERNAL REVENUE SERVICE NOTICE 1015
- COUNTY VISION STATEMENT
- DEBARRED VENDORS REPORT
- SAFELY SURRENDERED BABY FACT SHEET (ENGLISH)
- SAFELY SURRENDERED BABY FACT SHEET (SPANISH)

- \* The appropriate Affidavit shall be submitted with Proposal.
- \*\* Forms must be submitted with Proposal.

LIST OF CONTRACTORS TO BE AWARDED  
"AS-NEEDED VEHICLE AND EQUIPMENT REPAIR SERVICES"

A-1 Transmissions and Complete Car Care  
937 West Mission Boulevard  
Pomona, CA 91766

Advanced Infrastructure Technologies, LLC  
20818 Higgins Court  
Torrance, CA 90501

ATCO Transmissions, Inc.  
5452 Laurel Canyon Boulevard  
North Hollywood, CA 91607

Betts Spring Company, Inc.  
9315 Santa Fe Springs Road  
Santa Fe Springs, CA 90670

Bourret Glass and Upholstery  
11605 Goldring Road, Suite E  
Arcadia, CA 91006-5875

California Clutch and Gear, Inc.  
14021 Dinard Avenue  
Santa Fe Springs, CA 90670-4922

Certified Crane Services, Inc.  
20475 Yellowbrick Road, Suite 3-D  
Walnut, CA 91789

Coastline Equipment  
6188 Paramount Boulevard  
Long Beach, CA 90601

Cook Equipment Company  
13728 East Alondra Boulevard  
Cerritos, CA 90703

Diamond Liners, Inc.  
9507 Santa Fe Springs Road  
Santa Fe Springs, CA 90670-2624

Ed Butts Ford  
1515 North Hacienda Boulevard  
La Puente, CA 91744

ACS Hydraulics, Inc.  
756 North Hariton Street  
Orange, CA 92868

Altec Industries, Inc.  
2882 Pomona Boulevard  
Pomona, CA 91768

Auto Installation Service  
14950 Lakewood Boulevard, Suite 5  
Bellflower, CA 90706

Borgen Heavy Equipment Repair, Inc.  
13980 Rose Avenue  
Fontana, CA 92337

Cal Tarps and Covers  
P.O. Box 20707  
El Cajon, CA 92021

Cellular West  
425 North Santa Anita Avenue  
Arcadia, CA 91006

Charlie's Transmission  
7330 East Rosecrans Avenue  
Paramount, CA 90723

Conversion Center, Inc.  
2112 Chestnut Street  
Alhambra, CA 91803

D3 Equipment  
12247 Lakeland Road  
Santa Fe Springs, CA 90670

Downey Lincoln Mercury  
9515 Lakewood Boulevard  
Downey, CA 90240

Fuller Truck Accessories  
1900 West Commonwealth  
Fullerton, CA 92833

LIST OF CONTRACTORS TO BE AWARDED  
"AS-NEEDED VEHICLE AND EQUIPMENT REPAIR SERVICES"

Garvey Equipment Company  
430 South Pine Street  
San Gabriel, CA 91776

GR Fluid Power  
13003 Amar Road  
Baldwin Park, CA 91706

Haaker Equipment Company, Inc.  
3505 Pomona Boulevard  
Pomona, CA 91768

High Desert Auto Electric  
44606 North Sierra Highway  
Lancaster, CA 93534

Ingersoll-Rand Equipment and Sales  
12747 Schabarum Avenue  
Irwindale, CA 91706

Kelly Equipment  
9400 Seventh Street, Suite D2  
Rancho Cucamonga, CA 91730

Lancaster Auto Interiors  
220 West Avenue I  
Lancaster, CA 93534

Lou and Son's Tire Service  
P.O. Box 2530  
Lancaster, CA 93539-2530

Markham & Boling Body Shop, Inc.  
1133 East Walnut Street  
Pasadena, CA 91106

Maurice J. Sopp and Son Chevrolet  
2552 East 58th Street  
Huntington Park, CA 90255

Mr. G's Custom Upholstery  
P.O. Box 2395  
Montebello, CA 90640

Nixon-Egli Equipment Company  
12030 Clark Street  
Santa Fe Springs, CA 90670-3709

GMS Autoglass  
15060 Ventura Boulevard, #212  
Sherman Oaks, CA 91403

Great Pacific Equipment, Inc.  
175 East Freedom Avenue  
Anaheim, CA 92801-1001

Harbor Diesel and Equipment  
537 West Anaheim Street  
Long Beach, CA 90813

Imperial Radiator, Inc.  
20506 Hawthorne Boulevard  
Torrance, CA 90503

J.G.M.C.  
3325 Kashiwa Street  
Torrance, CA 90505

L.B.I. Air, Inc.  
5161 Azusa Canyon Road  
Baldwin Park, CA 91706-1833

Le Claire Automotive  
1931 West San Bernardino Road  
West Covina, CA 91790-1023

Lynn's Auto Air, Inc.  
13255 Woodruff Avenue  
Downey, CA 90242

Master Body Sales and Service, Inc.  
9824 Atlantic Avenue  
South Gate, CA 90280

Morris Material Handling  
315 West Forest Hill Avenue  
Oak Creek, WI 53154

Municipal Maintenance Equipment, Inc.  
2360 Harvard Street  
Sacramento, CA 95815

Ostrom Chevrolet  
310 West Whittier Boulevard  
Montebello, CA 90640



LIST OF CONTRACTORS TO BE AWARDED  
"AS-NEEDED VEHICLE AND EQUIPMENT REPAIR SERVICES"

Pacific Radiator Sales and Services  
450 West Colorado Street  
Glendale, CA 91204

Palmdale Unibody and Frame  
38018 9th Street East  
Palmdale, CA 93550

Peck Road Truck Center  
2450 Kella Avenue  
Whittier, CA 90601

Quality Fleet and Truck Centers  
19122 South Vermont Avenue  
Gardena, CA 90248

Roberto Jr's Auto Body and Paint  
100 North Hubbard Avenue  
San Fernando, CA 91340

S and M Automotive  
502 South Garfield Avenue  
Alhambra, CA 91801

South Bay Ford  
13900 Hawthorne Boulevard  
Hawthorne, CA 90250

Sreco Flexible  
3217 Carter Avenue  
Marina Del Rey, CA 90292

United Air Craft  
4750 East Olympic Boulevard  
Los Angeles, CA 90022

Valco Transmissions, LTD  
7826 Pearblossom Highway  
Little Rock, CA 93543-9701

Washington Muffler and Radiator  
200 East Washington Boulevard  
Los Angeles, CA 90015

Western Automatic Transmission Exchange, Inc.  
1807 5th Street  
Los Angeles, CA 90019

Pacific Truck Equipment, Inc.  
11655 East Washington Boulevard  
Whittier, CA 90606-2424

Parkhouse Tire, Inc.  
5960 Shull Street  
Bell Gardens, CA 90201

Phenix Enterprise, Inc.  
1785 Mount Vernon, Avenue  
Pomona, CA 91768

Quinn Shepard Machinery Company  
P.O. Box 226789  
Los Angeles, CA 90022-0489

S & J Chevrolet  
18605 Studebaker Road  
Cerritos, CA 90703

Sopp Ford, Inc.  
5925 South Alameda Street  
Los Angeles, CA 90001

Speedo Electric Company  
5608 East Washington Boulevard  
Commerce, CA 90040

Truck Hydraulic Equipment Company, Inc.  
14262 Whittram Avenue  
Fontana, CA 92335

United Diesel Services, Inc.  
1903 Penn Mar Avenue  
South El Monte, CA 91733-3697

Valley Speedo and Tach, Inc.  
2904 North Durfee Avenue  
El Monte, CA 91732

West Covina Motors, Inc.  
2000 East Garvey Avenue South  
West Covina, CA 91791

Western Truck Exchange  
432 West Manchester Avenue  
Los Angeles, CA 90003

LIST OF CONTRACTORS TO BE AWARDED  
"AS-NEEDED VEHICLE AND EQUIPMENT REPAIR SERVICES"

Wondries Chevrolet  
1247 West Main Street  
Alhambra, CA 91801

Young's Radiator  
1517 Truman Street  
San Fernando, CA 91340-3018

**HOURLY RATES BY SERVICE CATEGORY**

<b>BID ITEM.</b>	<b>CONTRACTOR</b>	<b>RATE/ HOUR</b>	<b>PARTS DISCOUNT</b>
<b>1.1 AUTO/LIGHT TRUCKS</b>			
<b>A. ENGINE REPAIR</b>			
<b>GAS</b>	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	SOUTH BAY FORD, INC.	\$68.00	20%
<b>DIESEL</b>	HARBOR DIESEL & EQUIPMENT	\$85.00	10%
	SOUTH BAY FORD, INC.	\$78.00	20%
<b>BOTH</b>	SOPP FORD, INC.	\$79.50	25%
	MAURICE J SOPP & SON CHEVROLET	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$60.00	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$76.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$55.00	25%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	OSTROM CHEVROLET	\$58.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%
<b>B. DRIVE TRAIN REPAIR</b>			
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$60.00	25%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	CHARLIE'S TRANSMISSION	\$40.00	10%
	QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	VALCO TRANSMISSION, LTD	\$60.00	10%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$55.00	25%
	WESTERN AUTOMATIC TRANSMISSION	\$50.00	30%
	EXCHANGE, INC.		
	OSTROM CHEVROLET	\$58.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
	D3 EQUIPMENT	\$69.00	0%
	SOUTH BAY FORD, INC.	\$68.00	20%
	CALIFORNIA CLUTCH AND GEAR	\$65.00	40%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	S&J CHEVROLET	\$75.00	15%
C. ELECTRICAL REPAIR			
	ATCO TRANSMISSIONS, INC.	\$50.00	0%
	LYNN'S AUTO AIR, INC.	\$60.00	0%
	UNITED AUTO CRAFT	\$40.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	SPEEDO ELECTRIC COMPANY	\$54.00	25%
	S & M AUTO	\$60.00	25%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$55.00	25%
	ALTEC INDUSTRIES	\$75.00	0%
TRUCK LIGHTING	PACIFIC TRUCK EQUIPMENT, INC.	\$51.00	10%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	OSTROM CHEVROLET	\$58.00	20%
	AUTO INSTALLATION SERVICE	\$65.00	0%
	WONDRIES CHEVROLET	\$73.00	10%
	D3 EQUIPMENT	\$69.00	0%
	SOUTH BAY FORD, INC.	\$68.00	20%
	S&J CHEVROLET	\$75.00	15%
D. STEERING, WHEEL & BRAKE REPAIR			
	ATCO TRANSMISSIONS, INC.	\$50.00	0%
	UNITED AUTO CRAFT	\$40.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$60.00	25%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$55.00	25%
	PARKHOUSE TIRE, INC.	\$45.00	20%
	OSTROM CHEVROLET	\$58.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
	BETTS SPRING COMPANY, INC	\$38.00	30%
	D3 EQUIPMENT	\$69.00	0%
	SOUTH BAY FORD, INC.	\$68.00	20%
	S&J CHEVROLET	\$75.00	15%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
<b>E. SUSPENSION &amp; FRAME REPAIR</b>	UNITED AUTO CRAFT	\$32.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$60.00	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	ROBERTO JR'S AUTO BODY AND PAINT	\$45.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$55.00	25%
	PARKHOUSE TIRE, INC.	\$45.00	20%
	ALTEC INDUSTRIES	\$75.00	0%
	OSTROM CHEVROLET	\$58.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
	BETTS SPRING COMPANY, INC	\$38.00	30%
	D3 EQUIPMENT	\$69.00	0%
	SOUTH BAY FORD, INC.	\$68.00	20%
	MARKHAM & BOILING BODY SHOP, INC.	\$48.00	0%
<b>F. OPERATING &amp; HYDRAULIC REPAIR</b>	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$60.00	10%
	S & M AUTO	\$60.00	25%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	ACS HYDRAULICS	\$40.00	20%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	PHENIX ENTERPRISES, INC.	\$42.85	0%
	PALMDALE UNI-BODY & FRAME	\$65.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$55.00	25%
	ALTEC INDUSTRIES	\$75.00	0%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	OSTROM CHEVROLET	\$58.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
	D3 EQUIPMENT	\$69.00	0%
	GR FLUID POWER	\$47.00	10%
	SOUTH BAY FORD, INC.	\$68.00	20%
	S&J CHEVROLET	\$75.00	15%
<b>G. PAINT &amp; BODY REPAIR</b>	UNITED AUTO CRAFT	\$26.00	0%
	SOPP FORD, INC.	\$79.50	25%
	S & M AUTO	\$60.00	25%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
TRUCK	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
	WEST COVINA MOTORS, INC.	\$36.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	PHENIX ENTERPRISES, INC.	\$38.00	0%
	PALMDALE UNI-BODY & FRAME	\$38.00	0%
	ROBERTO JR'S AUTO BODY AND PAINT	\$32.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$36.00	25%
	ALTEC INDUSTRIES	\$75.00	0%
	PACIFIC TRUCK EQUIPMENT, INC.	\$51.00	10%
	OSTROM CHEVROLET	\$28.00	20%
H. EXTERNAL WEARING PARTS REPAIR	D3 EQUIPMENT	\$69.00	0%
	MARKHAM & BOILING BODY SHOP, INC.	\$34.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$60.00	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
I. WINDOW GLASS	ED BUTTS FORD, INC.	\$55.00	25%
	OSTROM CHEVROLET	\$58.00	20%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%
	UNITED AUTO CRAFT	\$26.00	0%
	GMS AUTOGLASS	\$50.00	0%
	A-1 TRANSMISSION	\$40.00	5%
	S & M AUTO	\$60.00	25%
	BOURRET GLASS & UPHOLSTERY, INC.	\$10.00	65%-71%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	ROBERTO JR'S AUTO BODY AND PAINT	\$32.00	0%
J. AIR CONDITIONING	DOWNEY LINCOLN MERCURY	\$65.00	20%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$55.00	25%
	OSTROM CHEVROLET	\$58.00	20%
	D3 EQUIPMENT	\$69.00	0%
	MARKHAM & BOILING BODY SHOP, INC.	\$34.00	0%
	LYNN'S AUTO AIR, INC.	\$60.00	0%
	UNITED AUTO CRAFT	\$40.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$60.00	25%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
MOBILE SERVICE	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	ROBERTO JR'S AUTO BODY AND PAINT	\$40.00	0%
	L.B.I. AIR, INC.	\$85.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$55.00	25%
	PACIFIC RADIATOR, INC.	\$55.00	25%
	IMPERIAL RADIATOR, INC.	\$20.00	45%
	OSTROM CHEVROLET	\$58.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
	D3 EQUIPMENT	\$69.00	0%
	SOUTH BAY FORD, INC.	\$68.00	20%
	S&J CHEVROLET	\$75.00	15%
	MARKHAM & BOILING BODY SHOP, INC.	\$34.00	0%
<b>K. OTHER REPAIR</b>			
AERIAL DEVICES, CRANES, DIGGER DERRICKS, DRILLERS & WINCHES	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$60.00	10%
SPEEDOMETER	SPEEDO ELECTRIC COMPANY	\$54.00	25%
UPHOLSTERY	BOURRET GLASS & UPHOLSTERY, INC.	\$25.00	
WELDING	WESTERN TRUCK EXCHANGE	\$75.00	15%
SMOG	LE CLAIRE AUTOMOTIVE	\$75.00	0%
VAN CONVERSIONS, TOOL BOX INSTALLATION & CAMPER SHELL COVERS	FULLER TRUCK ACCESSORIES	\$65.00	
UPHOLSTERY	LANCASTER AUTO INTERIORS	\$46.00	0%
MECHANICAL OPERATION	PALMDALE UNI-BODY & FRAME	\$70.00	0%
UPHOLSTERY	MR. G'S CUSTOM UPHOLSTERY	\$65.00	0%
WELDING/ FIBERGLASS REPAIR	ROBERTO JR'S AUTO BODY AND PAINT	\$40.00	0%
NATURAL GAS, PROPANE VEHICLES	DOWNEY LINCOLN MERCURY	\$65.00	20%
COOLING SYSTEM SERVICE	YOUNG'S RADIATOR	\$47.25	0%
RADIATOR REPAIR	YOUNG'S RADIATOR	\$47.25	0%
SPEEDOMETER & TACHOMETER	VALLEY SPEEDO & TACH, INC.	\$40.00	25%
FRONT ALIGNMENT	PARKHOUSE TIRE, INC.	\$45.00	20%
RADIATOR REPAIR	PACIFIC RADIATOR, INC.	\$55.00	25%
RADIATOR REPAIR	IMPERIAL RADIATOR, INC.	\$20.00	45%
DIESEL FUEL INJECTION	UNITED DIESEL SERVICES, INC.	\$79.50	25%

## 1.2 MEDIUM/HEAVY-DUTY TRUCKS

### A. ENGINE REPAIR GAS

DIESEL	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	HARBOR DIESEL & EQUIPMENT	\$85.00	10%
BOTH	SOPP FORD, INC.	\$79.50	25%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
GAS DIESEL	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$68.00	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	J.G.M.C.	\$55.00	0%
	ED BUTTS FORD, INC.	\$60.00	25%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	OSTROM CHEVROLET	\$68.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
	D3 EQUIPMENT	\$69.00	0%
	SOUTH BAY FORD, INC.	\$78.00	20%
	S&J CHEVROLET	\$75.00	15%
B. DRIVE TRAIN REPAIR			
GAS DIESEL	ATCO TRANSMISSIONS, INC.	\$55.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$68.00	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	VALCO TRANSMISSION, LTD	\$60.00	10%
	J.G.M.C.	\$55.00	0%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$60.00	25%
	WESTERN AUTOMATIC TRANSMISSION EXCHANGE, INC.	\$50.00	30%
	OSTROM CHEVROLET	\$68.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
D3 EQUIPMENT	\$69.00	0%	
CALIFORNIA CLUTCH AND GEAR	\$65.00	40%	
S&J CHEVROLET	\$75.00	15%	
C. ELECTRICAL REPAIR			
	LYNN'S AUTO AIR, INC.	\$60.00	0%
	UNITED AUTO CRAFT	\$40.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	SPEEDO ELECTRIC COMPANY	\$54.00	25%
	S & M AUTO	\$68.00	25%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%



BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
GAS DIESEL	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$60.00	25%
	ALTEC INDUSTRIES	\$75.00	0%
	PACIFIC TRUCK EQUIPMENT, INC.	\$51.00	10%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	OSTROM CHEVROLET	\$68.00	20%
	AUTO INSTALLATION SERVICES	\$65.00	0%
	WONDRIES CHEVROLET	\$73.00	10%
	D3 EQUIPMENT	\$69.00	0%
	SOUTH BAY FORD, INC.	\$68.00	20%
	S&J CHEVROLET	\$75.00	15%
<b>D. STEERING, WHEEL &amp; BRAKE REPAIR</b>			
	ATCO TRANSMISSIONS, INC.	\$55.00	0%
	UNITED AUTO CRAFT	\$40.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$68.00	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0
GAS DIESEL	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$60.00	25%
	PARKHOUSE TIRE, INC.	\$50.00	20%
	OSTROM CHEVROLET	\$68.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
	BETTS SPRING COMPANY, INC	\$38.00	30%
	D3 EQUIPMENT	\$69.00	0%
	SOUTH BAY FORD, INC.	\$68.00	20%
	S&J CHEVROLET	\$75.00	15%
<b>E. SUSPENSION &amp; FRAME REPAIR</b>			
	UNITED AUTO CRAFT	\$40.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$68.00	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$75.00	10%
GAS DIESEL	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$77.00	30%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	PALMDALE UNI-BODY & FRAME	\$65.00	0%

**BID ITEM.****CONTRACTOR****RATE/  
HOUR****PARTS  
DISCOUNT**

ROBERTO JR'S AUTO BODY AND PAINT	\$50.00	0%
DOWNEY LINCOLN MERCURY	\$65.00	20%
HIGH DESERT AUTO ELECTRIC	\$85.00	30%
WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
ED BUTTS FORD, INC.	\$60.00	25%
PARKHOUSE TIRE, INC.	\$50.00	20%
ALTEC INDUSTRIES	\$75.00	0%
OSTROM CHEVROLET	\$68.00	20%
WONDRIES CHEVROLET	\$73.00	10%
BETTS SPRING COMPANY, INC	\$38.00	30%
D3 EQUIPMENT	\$69.00	0%
SOUTH BAY FORD, INC.	\$68.00	20%

**F. OPERATING &  
HYDRAULIC REPAIR**GAS  
DIESEL

SOPP FORD, INC.	\$79.50	25%
A-1 TRANSMISSION	\$63.00	5%
TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$60.00	10%
S & M AUTO	\$68.00	25%
MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
WESTERN TRUCK EXCHANGE	\$75.00	15%
ACS HYDRAULICS	\$40.00	20%
PECK ROAD TRUCK CENTER	\$73.00	10%
WEST COVINA MOTORS, INC.	\$77.00	30%
WEST COVINA MOTORS, INC.	\$85.00	30%
COOK EQUIPMENT COMPANY	\$68.00	0%
MUNICIPAL MAINTENANCE EQUIPMENT, INC.	\$75.00	0%
PHENIX ENTERPRISES, INC.	\$42.85	0%
DOWNEY LINCOLN MERCURY	\$65.00	20%
HIGH DESERT AUTO ELECTRIC	\$85.00	30%
WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
ED BUTTS FORD, INC.	\$60.00	25%
ALTEC INDUSTRIES	\$75.00	0%
UNITED DIESEL SERVICES, INC.	\$79.50	25%
OSTROM CHEVROLET	\$68.00	20%
WONDRIES CHEVROLET	\$73.00	10%
D3 EQUIPMENT	\$69.00	0%
GR FLUID POWER	\$47.00	10%
SOUTH BAY FORD, INC.	\$68.00	20%
S&J CHEVROLET	\$75.00	15%

**G. PAINT & BODY REPAIR**GAS  
DIESEL

UNITED AUTO CRAFT	\$30.00	0%
SOPP FORD, INC.	\$79.50	25%
S & M AUTO	\$68.00	25%
MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
WESTERN TRUCK EXCHANGE	\$75.00	15%
QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
WEST COVINA MOTORS, INC.	\$36.00	30%
WEST COVINA MOTORS, INC.	\$85.00	30%
COOK EQUIPMENT COMPANY	\$68.00	0%
PHENIX ENTERPRISES, INC.	\$38.00	0%
PALMDALE UNI-BODY & FRAME	\$38.00	0%
ROBERTO JR'S AUTO BODY AND PAINT	\$60.00	0%
DOWNEY LINCOLN MERCURY	\$65.00	20%
WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
ALTEC INDUSTRIES	\$75.00	0%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	PACIFIC TRUCK EQUIPMENT, INC.	\$51.00	10%
	OSTROM CHEVROLET	\$28.00	20%
	D3 EQUIPMENT	\$69.00	0%
H. EXTERNAL WEARING PARTS REPAIR			
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$68.00	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
GAS	WEST COVINA MOTORS, INC.	\$77.00	30%
DIESEL	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	MUNICIPAL MAINTENANCE EQUIPMENT, INC.	\$75.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$60.00	25%
	OSTROM CHEVROLET	\$68.00	20%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%
I. WINDOW GLASS			
	UNITED AUTO CRAFT	\$26.00	0%
	A-1 TRANSMISSION	\$40.00	5%
	S & M AUTO	\$68.00	25%
	BOURRET GLASS & UPHOLSTERY, INC.	\$10.00	65%-71%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
	PECK ROAD TRUCK CENTER	\$73.00	10%
	WEST COVINA MOTORS, INC.	\$36.00	30%
	ROBERTO JR'S AUTO BODY AND PAINT	\$45.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$60.00	25%
	ALTEC INDUSTRIES	\$75.00	0%
	OSTROM CHEVROLET	\$68.00	20%
	D3 EQUIPMENT	\$69.00	0%
J. AIR CONDITIONING			
	UNITED AUTO CRAFT	\$45.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	S & M AUTO	\$68.00	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	PECK ROAD TRUCK CENTER	\$73.00	10%
GAS	WEST COVINA MOTORS, INC.	\$77.00	30%
DIESEL	WEST COVINA MOTORS, INC.	\$85.00	30%
	ROBERTO JR'S AUTO BODY AND PAINT	\$50.00	0%
MOBILE SERVICE	L.B.I. AIR, INC.	\$85.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ED BUTTS FORD, INC.	\$60.00	25%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	PACIFIC RADIATOR, INC.	\$55.00	25%
	IMPERIAL RADIATOR, INC.	\$20.00	45%
	OSTROM CHEVROLET	\$68.00	20%
	WONDRIES CHEVROLET	\$73.00	10%
	D3 EQUIPMENT	\$69.00	0%
	SOUTH BAY FORD, INC.	\$68.00	20%
	S&J CHEVROLET	\$75.00	15%
<b>K. OTHER REPAIR</b>			
AERIAL DEVICES, CRANES, DIGGER DERRICKS, DRILLERS & WINCHES	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$60.00	10%
SPEEDOMETER	SPEEDO ELECTRIC COMPANY	\$54.00	25%
UPHOLSTERY	BOURRET GLASS & UPHOLSTERY, INC.	\$25.00	
WELDING	WESTERN TRUCK EXCHANGE	\$75.00	15%
SMOG	LE CLAIRE AUTOMOTIVE	\$75.00	0
VAC-CON REPAIRS	MUNICIPAL MAINTENANCE EQUIPMENT, INC.	\$75.00	0%
TARPS & STORAGE SYSTEMS	CAL TARPS AND COVERS	\$60.00	5%
UPHOLSTERY	LANCASTER AUTO INTERIORS	\$46.00	0%
MECHANICAL/ OPERATION REPAIR AND INSPECT	PALMDALE UNI-BODY & FRAME	\$70.00	0%
UPHOLSTERY	MR. G'S CUSTOM UPHOLSTERY	\$65.00	0%
WELDING/FIBERGLASS REPAIR	ROBERTO JR'S AUTO BODY AND PAINT	\$40.00	0%
NATURAL GAS & PROPANE VEHICLES	DOWNEY LINCOLN MERCURY	\$65.00	20%
COOLING SYSTEM SERVICE	YOUNG'S RADIATOR	\$47.25	0%
RADIATOR REPAIR	YOUNG'S RADIATOR	\$47.25	0%
SPEEDOMETER & TACHOMETER	VALLEY SPEEDO & TACH, INC.	\$40.00	25%
MUFFLERS & RADIATORS	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
FRONT ALIGNMENT	PARKHOUSE TIRE, INC.	\$50.00	20%
RADIATOR REPAIR	PACIFIC RADIATOR, INC.	\$55.00	25%
RADIATOR REPAIR	IMPERIAL RADIATOR, INC.	\$20.00	45%
DIESEL FUEL INJECTION	UNITED DIESEL SERVICES, INC.	\$79.50	25%

### 1.3 CONSTRUCTION EQUIPMENT

#### A. ENGINE REPAIR

##### GAS

##### DIESEL

##### BOTH

WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
HARBOR DIESEL & EQUIPMENT	\$85.00	10%
SOPP FORD, INC.	\$79.50	25%
WESTERN TRUCK EXCHANGE	\$75.00	15%
QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
GARVEY EQUIPMENT COMPANY	\$20.25	15%
LE CLAIRE AUTOMOTIVE	\$75.00	0
WEST COVINA MOTORS, INC.	\$85.00	30%
COOK EQUIPMENT COMPANY	\$68.00	0%
BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	0%
INGERSOL - RAND EQUIPMENT SALES	\$82.50	10%
DOWNEY LINCOLN MERCURY	\$65.00	20%
QUINN SHEPARD MACHINERY	\$72.00	0%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	J.G.M.C.	\$59.00	0%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%

#### B. DRIVE TRAIN REPAIR

	ATCO TRANSMISSIONS, INC.	\$55.00	0
	SOPP FORD, INC.	\$79.50	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	0%
	INGERSOL – RAND EQUIPMENT SALES	\$82.50	10%
	QUINN SHEPARD MACHINERY	\$72.00	0%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	VALCO TRANSMISSION, LTD	\$60.00	10%
	J.G.M.C.	\$59.00	0%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	WESTERN AUTOMATIC TRANSMISSION EXCHANGE, INC.	\$50.00	30%
	D3 EQUIPMENT	\$69.00	0%
	CALIFORNIA CLUTCH AND GEAR	\$65.00	40%
	S&J CHEVROLET	\$75.00	15%

#### C. ELECTRICAL REPAIR

	SOPP FORD, INC.	\$79.50	25%
	SPEEDO ELECTRIC COMPANY	\$54.00	25%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	0%
	INGERSOL – RAND EQUIPMENT SALES	\$82.50	10%
	DOWNNEY LINCOLN MERCURY	\$65.00	20%
	QUINN SHEPARD MACHINERY	\$72.00	0%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	AUTO INSTALLATION SERVICES	\$65.00	0%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%

#### D. STEERING, WHEEL & BRAKE REPAIR

	ATCO TRANSMISSIONS, INC.	\$55.00	0%
	SOPP FORD, INC.	\$79.50	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	0%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
I	INGERSOL – RAND EQUIPMENT SALES	\$82.50	10%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	QUINN SHEPARD MACHINERY	\$72.00	0%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ALTEC INDUSTRIES	\$75.00	0%
	BETTS SPRING COMPANY, INC	\$38.00	30%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%
<b>E. SUSPENSION AND FRAME REPAIR</b>			
	SOPP FORD, INC.	\$79.50	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	0%
	PALMDALE UNI-BODY & FRAME	\$65.00	0%
	ROBERTO JR'S AUTO BODY AND PAINT	\$55.00	0%
I	INGERSOL – RAND EQUIPMENT SALES	\$82.50	10%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	QUINN SHEPARD MACHINERY	\$72.00	0%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	BETTS SPRING COMPANY, INC	\$38.00	30%
	D3 EQUIPMENT	\$69.00	0%
<b>F. OPERATING AND HYDRAULIC REPAIR</b>			
	SOPP FORD, INC.	\$79.50	25%
	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$60.00	10%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	ACS HYDRAULICS	\$40.00	20%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	PHENIX ENTERPRISES, INC.	\$42.85	0%
	BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	0%
I	INGERSOL – RAND EQUIPMENT SALES	\$82.50	10%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	QUINN SHEPARD MACHINERY	\$72.00	0%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ALTEC INDUSTRIES	\$75.00	0%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	D3 EQUIPMENT	\$69.00	0%
	GR FLUID POWER	\$47.00	10%
	S&J CHEVROLET	\$75.00	15%
<b>G. PAINT &amp; BODY REPAIR</b>			
	SOPP FORD, INC.	\$79.50	25%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
	WEST COVINA MOTORS, INC.	\$36.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	PHENIX ENTERPRISES, INC.	\$38.00	0%
	BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	0%
	PALMDALE UNI-BODY & FRAME	\$38.00	0%
	ROBERTO JR'S AUTO BODY AND PAINT	\$60.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	QUINN SHEPARD MACHINERY	\$72.00	0%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ALTEC INDUSTRIES	\$75.00	0%
	D3 EQUIPMENT	\$69.00	0%
<b>H. EXTERNAL WEARING PARTS REPAIR</b>			
	SOPP FORD, INC.	\$79.50	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	MUNICIPAL MAINTENANCE EQUIPMENT, INC.	\$75.00	0%
	BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	QUINN SHEPARD MACHINERY	\$72.00	0%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	KELLY EQUIPMENT	\$75.00	5%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%
<b>I. AIR CONDITIONING</b>			
	LYNN'S AUTO AIR, INC.	\$60.00	0%
	SOPP FORD, INC.	\$79.50	25%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	0%
<b>MOBILE SERVICE</b>	L.B.I. AIR, INC.	\$85.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	QUINN SHEPARD MACHINERY	\$72.00	0%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	PACIFIC RADIATOR, INC.	\$55.00	25%
	IMPERIAL RADIATOR, INC.	\$20.00	45%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%
<b>J. OTHER REPAIR</b>			
AERIAL DEVICES, CRANES, DIGGER DERRICKS, DRILLERS & WINCHES	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$60.00	10%
STREET SWEEPER REPAIR	NIXON-EGLI EQUIPMENT COMPANY	\$75.00	50%
TACHOMETER	SPEEDO ELECTRIC COMPANY	\$54.00	25%
WELDING			
FOR ALL SERVICE WORK	COASTLINE EQUIPMENT COMPANY, INC.	\$70.00	13%
VAC-CON REPAIRS	MUNICIPAL MAINTENANCE EQUIPMENT, INC.	\$75.00	0%
HYDRAULIC CYLINDERS	CAL TARPS AND COVERS	\$60.00	5%
UPHOLSTERY	LANCASTER AUTO INTERIORS	\$46.00	0%
UPHOLSTERY	MR. G'S CUSTOM UPHOLSTERY	\$65.00	0%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
NATURAL GAS & PROPANE VEHICLES	DOWNEY LINCOLN MERCURY	\$65.00	20%
RADIATOR REPAIR	YOUNG'S RADIATOR	\$47.25	0%
SPEEDOMETER & TACHOMETER	VALLEY SPEEDO & TACH, INC.	\$40.00	25%
MUFFLER	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
RADIATOR REPAIR	PACIFIC RADIATOR, INC.	\$55.00	25%
RADIATOR REPAIR	IMPERIAL RADIATOR, INC.	\$20.00	45%
DIESEL FUEL INJECTION	UNITED DIESEL SERVICES, INC.	\$79.50	25%

#### 1.4 SMALL EQUIPMENT

##### A. ENGINE REPAIR GAS

GARVEY EQUIPMENT COMPANY	\$20.25	15%
WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%

##### DIESEL

HARBOR DIESEL & EQUIPMENT	\$85.00	10%
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##### BOTH

SOPP FORD, INC.	\$79.50	25%
A-1 TRANSMISSION	\$63.00	5%
WESTERN TRUCK EXCHANGE	\$75.00	15%
QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
LE CLAIRE AUTOMOTIVE	\$75.00	0
WEST COVINA MOTORS, INC.	\$85.00	30%
COOK EQUIPMENT COMPANY	\$68.00	0%
DOWNEY LINCOLN MERCURY	\$65.00	20%
HIGH DESERT AUTO ELECTRIC	\$85.00	30%
UNITED DIESEL SERVICES, INC.	\$79.50	25%
D3 EQUIPMENT	\$69.00	0%
S&J CHEVROLET	\$75.00	15%

##### B. DRIVE TRAIN REPAIR

ATCO TRANSMISSIONS, INC.	\$50.00	0
SOPP FORD, INC.	\$79.50	25%
A-1 TRANSMISSION	\$63.00	5%
WESTERN TRUCK EXCHANGE	\$75.00	15%
QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
GARVEY EQUIPMENT COMPANY	\$20.25	15%
LE CLAIRE AUTOMOTIVE	\$75.00	0
WEST COVINA MOTORS, INC.	\$85.00	30%
COOK EQUIPMENT COMPANY	\$68.00	0%
DOWNEY LINCOLN MERCURY	\$65.00	20%
HIGH DESERT AUTO ELECTRIC	\$85.00	30%
VALCO TRANSMISSION, LTD	\$60.00	10%
WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
D3 EQUIPMENT	\$69.00	0%
CALIFORNIA CLUTCH AND GEAR	\$65.00	40%
S&J CHEVROLET	\$75.00	15%

##### C. ELECTRICAL REPAIR

LYNN'S AUTO AIR, INC.	\$60.00	0%
SOPP FORD, INC.	\$79.50	25%
A-1 TRANSMISSION	\$63.00	5%
SPEEDO ELECTRIC COMPANY	\$54.00	25%



BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
	GARVEY EQUIPMENT COMPANY	\$20.25	15%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ALTEC INDUSTRIES	\$75.00	0%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%

**D. STEERING, WHEEL &  
BRAKE REPAIR**

ATCO TRANSMISSIONS, INC.	\$50.00	0%
A-1 TRANSMISSION	\$63.00	5%
WESTERN TRUCK EXCHANGE	\$75.00	15%
QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
GARVEY EQUIPMENT COMPANY	\$20.25	15%
LE CLAIRE AUTOMOTIVE	\$75.00	0
WEST COVINA MOTORS, INC.	\$85.00	30%
COOK EQUIPMENT COMPANY	\$68.00	0%
DOWNEY LINCOLN MERCURY	\$65.00	20%
HIGH DESERT AUTO ELECTRIC	\$85.00	30%
WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
BETTS SPRING COMPANY, INC	\$38.00	30%
D3 EQUIPMENT	\$69.00	0%
S&J CHEVROLET	\$75.00	15%

**E. SUSPENSION AND  
FRAME REPAIR**

SOPP FORD, INC.	\$79.50	25%
A-1 TRANSMISSION	\$63.00	5%
WESTERN TRUCK EXCHANGE	\$75.00	15%
QUALITY FLEET AND TRUCK CENTERS	\$65.00	10%
GARVEY EQUIPMENT COMPANY	\$20.25	15%
WEST COVINA MOTORS, INC.	\$85.00	30%
COOK EQUIPMENT COMPANY	\$68.00	0%
PALMDALE UNI-BODY & FRAME	\$65.00	0%
ROBERTO JR'S AUTO BODY AND PAINT	\$50.00	0%
DOWNEY LINCOLN MERCURY	\$65.00	20%
HIGH DESERT AUTO ELECTRIC	\$85.00	30%
WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
BETTS SPRING COMPANY, INC	\$38.00	30%
D3 EQUIPMENT	\$69.00	0%

**F. OPERATING AND  
HYDRAULIC REPAIR**

SOPP FORD, INC.	\$79.50	25%
A-1 TRANSMISSION	\$63.00	5%
TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$60.00	10%
MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
WESTERN TRUCK EXCHANGE	\$75.00	15%
GARVEY EQUIPMENT COMPANY	\$20.25	15%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	ACS HYDRAULICS	\$40.00	20%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	J.G.M.C.	\$55.00	0%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ALTEC INDUSTRIES	\$75.00	0%
	UNITED DIESEL SERVICES, INC.	\$79.50	25%
	D3 EQUIPMENT	\$69.00	0%
	GR FLUID POWER	\$47.00	10%
	S&J CHEVROLET	\$75.00	15%
<b>G. PAINT &amp; BODY REPAIR</b>			
	SOPP FORD, INC.	\$79.50	25%
	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
	WEST COVINA MOTORS, INC.	\$36.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	PALMDALE UNI-BODY & FRAME	\$38.00	0%
	ROBERTO JR'S AUTO BODY AND PAINT	\$35.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ALTEC INDUSTRIES	\$75.00	0%
	D3 EQUIPMENT	\$69.00	0%
<b>H. EXTERNAL WEARING PARTS REPAIR</b>			
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
	GARVEY EQUIPMENT COMPANY	\$20.25	15%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	COOK EQUIPMENT COMPANY	\$68.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	J.G.M.C.	\$55.00	0%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	ALTEC INDUSTRIES	\$75.00	0%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%
<b>I. AIR CONDITIONING</b>			
	LYNN'S AUTO AIR, INC.	\$60.00	0%
	SOPP FORD, INC.	\$79.50	25%
	A-1 TRANSMISSION	\$63.00	5%
	WESTERN TRUCK EXCHANGE	\$75.00	15%
	QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
	LE CLAIRE AUTOMOTIVE	\$75.00	0%
	WEST COVINA MOTORS, INC.	\$85.00	30%
	ROBERTO JR'S AUTO BODY AND PAINT	\$70.00	0%
	L.B.I. AIR, INC.	\$85.00	0%
	DOWNEY LINCOLN MERCURY	\$65.00	20%
	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
<b>MOBILE SERVICE</b>			

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	PACIFIC RADIATOR, INC.	\$55.00	25%
	D3 EQUIPMENT	\$69.00	0%
	S&J CHEVROLET	\$75.00	15%
<b>J. OTHER REPAIR</b>			
AERIAL DEVICES, CRANES, DIGGER DERRICKS, DRILLERS & WINCHES	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$60.00	10%
SPEEDOMETER & TACHOMETER	SPEEDO ELECTRIC COMPANY	\$54.00	25%
WELDING	WESTERN TRUCK EXCHANGE	\$75.00	15%
ALL 2-CYCLE EQUIPMENT	GARVEY EQUIPMENT COMPANY	\$20.25	15%
UPHOLSTERY	LANCASTER AUTO INTERIORS	\$46.00	0%
MECHANICAL/OPERATION REPAIR AND INSPECT	PALMDALE UNI-BODY & FRAME	\$70.00	0%
UPHOLSTERY	MR. G'S CUSTOM UPHOLSTERY	\$65.00	0%
MECHANICAL/OPERATION REPAIR AND INSPECT	PALMDALE UNI-BODY & FRAME	\$70.00	0%
NATURAL GAS & PROPANE VEHICLES	DOWNEY LINCOLN MERCURY	\$65.00	20%
RADIATOR REPAIR	YOUNG'S RADIATOR	\$47.25	0%
MUFFLERS	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
DIESEL FUEL INJECTION	UNITED DIESEL SERVICES, INC.	\$79.50	25%
<b>1.5 SPECIALIZED COMPONENTS</b>			
TRANSMISSION AUTOMATIC & STANDARD	ATCO TRANSMISSIONS, INC.	\$50.00	0%
DIFFERENTIAL	ATCO TRANSMISSIONS, INC.	\$50.00	0%
INSTALL CELLULAR CAR KITS	CELLULAR WEST	\$100.00	0%
CELL PHONE REPAIR	CELLULAR WEST	\$35.00- \$100.00	0%
SPRAY ON BED LINER	DIAMOND LINERS	\$387.38- \$637.38	0%
LUBE, OIL & FILTER	A-1 TRANSMISSIONS	\$29.95	5%
ANNUAL INSPECTION – CRANES (6000 LBS TO 18,000 LBS)	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$145.00	
PROOF TEST/ QUADRENNAIL – CRANES (6000 LBS TO 18,000 LBS)	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$195.00	
ANNUAL INSPECTION – CRANES (18,000 LBS TO 32,000 LBS)	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$195.00	
PROOF TEST/ QUADRENNIAL – CRANES (18,000 LBS TO 32,000 LBS)	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$250.00	
AERIAL MANLIFT TEST- INSPECTION (NON INSULATED)	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$145.00	
AERIAL MANLIFT TEST- INSPECTION (INSULATED BOOMS)	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$195.00	
DIELECTRIC TESTING OF	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$95.00	

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
INSULATED BOOMS & AERIAL MANLIFTS			
STABILITY TESTING OF AERIAL MANLIFT	TRUCK HYDRAULIC EQUIPMENT CO., INC.	\$95.00	
STREET SWEEPER REPAIR (FIELD RATE)	NIXON-EGLI EQUIPMENT COMPANY	\$83.00	50%
ALTERNATOR/STARTER	SPEEDO ELECTRIC COMPANY	\$54.00	25%
HYD PUMP MOTORS	SPEEDO ELECTRIC COMPANY		
WINDSHIELD WIPER MOTOR	SPEEDO ELECTRIC COMPANY		
RECORDING	SPEEDO ELECTRIC COMPANY		
SPEEDOGRAPH			
OBC TRACKING SYSTEM	SPEEDO ELECTRIC COMPANY		
ELECTRIC MOTOR	SPEEDO ELECTRIC COMPANY	\$54.00	25%
CUSTOM FABRICATION	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
SERVICE BODY WORK	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
PNEUMATIC WORK	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
HYDRAULIC WORK	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
SHEET METAL WORK	MASTER BODY SALES & SERVICE, INC.	\$46.00	5%
BOX PANELS	QUALITY FLEET AND TRUCK CENTERS	\$40.00	10%
TRAILER	QUALITY FLEET AND TRUCK CENTERS	\$55.00	10%
HONDA/HOMELITE GENERATORS	GARVEY EQUIPMENT COMPANY	\$20.25	15%
ALL 4 STROKE ENGINES	GARVEY EQUIPMENT COMPANY	\$20.25	15%
CHAIN SAWS	GARVEY EQUIPMENT COMPANY	\$20.25	15%
PRESSURE WASHERS	GARVEY EQUIPMENT COMPANY	\$20.25	15%
CHIPPERS/SHREDDERS	GARVEY EQUIPMENT COMPANY	\$20.25	15%
STUMP GRINDERS	GARVEY EQUIPMENT COMPANY	\$20.25	15%
LAWN MOWERS	GARVEY EQUIPMENT COMPANY	\$20.25	15%
HYDRAULIC PUMPS	ACS HYDRAULICS	\$40.00	20%
HYDRAULIC MOTORS	ACS HYDRAULICS	\$40.00	20%
HYDRAULIC CYLINDERS	ACS HYDRAULICS	\$40.00	20%
HYDRAULIC TRANSMISSION	ACS HYDRAULICS	\$40.00	20%
HYDRAULIC VALVES	ACS HYDRAULICS	\$40.00	20%
HYDRAULIC SERVOS	ACS HYDRAULICS	\$40.00	20%
SEWER JETTERS	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	2%
SEWER RODDERS	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	2%
SEWER BUCKET MACHINES	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	2%
SEWER MAIN LINE CAMERA	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	2%
STREET SEWERS	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	2%
SEWER COMBO UNITS	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	2%
BUCKET MACHINES	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	2%
SEWER PUMPS	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	2%
TRUCK MOUNTED HYDRAULIC CRANE	GREAT PACIFIC EQUIPMENT, INC.	\$69.95	0%
TRUCK MOUNTED HYDRAULIC CRANE (FIELD)	GREAT PACIFIC EQUIPMENT, INC.	\$79.95	0%
BRIDGE INSPECTION UNIT	GREAT PACIFIC EQUIPMENT, INC.	\$69.95	0%
BRIDGE INSPECTION UNIT (FIELD)	GREAT PACIFIC EQUIPMENT, INC.	\$79.95	0%
TRUCK MOUNTED WINCH REPAIR	GREAT PACIFIC EQUIPMENT, INC.	\$69.95	0%
TRUCK MOUNTED WINCH REPAIR (FIELD)	GREAT PACIFIC EQUIPMENT, INC.	\$79.95	0%
CAL-OSHA CRANE CERTIFICATION FOR TRUCK MOUNTED CRANES	GREAT PACIFIC EQUIPMENT, INC.	\$295.00 FEE	0%
TRUCK MOUNTED AERIAL	GREAT PACIFIC EQUIPMENT, INC.	\$69.95	0%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
DEVICES			
TRUCK MOUNTED AERIAL DEVICES (FIELD)	GREAT PACIFIC EQUIPMENT, INC.	\$79.95	0%
VAC-CON TRUCK REPAIRS (SEWER/STORM DRAIN)	MUNICIPAL MAINTENANCE EQUIPMENT, INC.	\$75.00	0%
WATER PUMS: VAC-COM/GASO/FMC COMBINATION	MUNICIPAL MAINTENANCE EQUIPMENT, INC.	\$75.00	0%
SEWER/STORM VACUUM UNITS			
REPAIR SRECO RODDER	SRECO FLEXIBLE	\$75.00	0%
REPAIR SRECO JETTER	SRECO FLEXIBLE	\$75.00	0%
TRASH, GARBAGE AND REFUSE TRUCKS	CAL TARPS AND COVERS	\$60.00	5%
PAINT LABOR	PALMDALE UNI-BODY & FRAME	\$26.00	0%
LIFT GATES	CONVERSION CENTER, INC.	\$65.00	0%
TOOL BOXES	CONVERSION CENTER, INC.	\$65.00	0%
LADDER RACKS	CONVERSION CENTER, INC.	\$65.00	0%
HITCHES & RECEIVER	CONVERSION CENTER, INC.	\$65.00	0%
ELECTRICAL	CONVERSION CENTER, INC.	\$65.00	0%
ENGINE LIGHT (AMBER)	CONVERSION CENTER, INC.	\$65.00	0%
RUNNING BOARDS	CONVERSION CENTER, INC.	\$65.00	0%
TRUCK & VAN SEATS	CONVERSION CENTER, INC.	\$65.00	0%
BACK RACKS & ACCESSORIES	CONVERSION CENTER, INC.	\$65.00	0%
ELGIN/ATHEY STREET SWEEPERS	HAKKER EQUIPMENT COMPANY	\$82.00	0%
VACTORS	HAKKER EQUIPMENT COMPANY	\$82.00	0%
BEACH CLEANER	HAKKER EQUIPMENT COMPANY	\$82.00	0%
HD INDUSTRIES PROPATCH	HAKKER EQUIPMENT COMPANY	\$82.00	0%
RADIATOR SERVICE	YOUNG'S RADIATOR	\$47.25	0%
RADIATOR CORING	YOUNG'S RADIATOR	\$47.25	0%
FUEL TANK SERVICE	YOUNG'S RADIATOR	\$47.25	0%
OIL COOLER SERVICE	YOUNG'S RADIATOR	\$47.25	0%
CRANE & HOIST MAINTENANCE	CERTIFIED CRANE SERVICES, INC.	\$69.00	0%
CAL-OSHA INSPECTIONS	CERTIFIED CRANE SERVICES, INC.	\$69.00	0%
CAL-OSHA PROOFLOADING	CERTIFIED CRANE SERVICES, INC.	\$69.00	0%
SMALL CHAIN HOIST REPAIR	CERTIFIED CRANE SERVICES, INC.	\$69.00	0%
MONORAIL SYSTEM REPAIR	CERTIFIED CRANE SERVICES, INC.	\$69.00	0%
LARGE CRANE REPAIRS	CERTIFIED CRANE SERVICES, INC.	\$69.00	0%
CAL-OSHA CERTIFICATION	CERTIFIED CRANE SERVICES, INC.	\$69.00	0%
CAL-OSHA CERTIFICATION SHOP REPAIRS			
HOUR METERS	VALLEY SPEEDO & TACH, INC.	\$40.00	25%
AM/FM RADIOS	VALLEY SPEEDO & TACH, INC.	\$40.00	25%
TACHOGRAPHS	VALLEY SPEEDO & TACH, INC.	\$40.00	25%
PYROMETERS	VALLEY SPEEDO & TACH, INC.	\$40.00	25%
WELDING & MACHINING	QUINN SHEPARD MACHINERY	\$75.00	0%
WELDING & MACHINING FIELD WORK	QUINN SHEPARD MACHINERY	\$77.00	0%
TEST ONLY – ENGINE DYNO, TRANSMISSION BENCH, FUEL INJECTION PUMP	QUINN SHEPARD MACHINERY	\$100.00	0%
ASSEMBLE/REPAIR HYDRAULIC HOSE	QUINN SHEPARD MACHINERY	\$8.50 PER COUPLING	0%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
ABRASION RESISTANT MATERIAL (APPLY)	QUINN SHEPARD MACHINERY	\$13.00 PER SAMPLE	0%
LARGE PARTICLE COUNT	QUINN SHEPARD MACHINERY	\$13.00 PER SAMPLE	0%
REPAIR MOUNT	LOU & SON'S TIRE SERVICE	\$15.00 - \$50.00	
EARTH MOVING	J.G.M.C.	\$59.00	0%
STREET PAVING	J.G.M.C.	\$59.00	0%
CRANES	J.G.M.C.	\$59.00	0%
GENERATORS (LARGE)	J.G.M.C.	\$59.00	0%
TIRE POLYFILL	PARKHOUSE TIRE, INC.	\$1.10 PER LB.	20%
TIRE PRESS LABOR	PARKHOUSE TIRE, INC.	\$2.50 PER LB.	20%
WHEEL RECONDITIONING	PARKHOUSE TIRE, INC.	\$17.00 EACH	20%
COOLING SYSTEM	PACIFIC RADIATOR, INC.	\$55.00	25%
HEATING SYSTEM	PACIFIC RADIATOR, INC.	\$55.00	25%
STUMP GRINDER REPAIR	ALTEC INDUSTRIES	\$75.00	0%
BRUSH CHIPPER REPAIR	ALTEC INDUSTRIES	\$75.00	0%
PRESSURE DIGGER REPAIR	ALTEC INDUSTRIES	\$75.00	0%
LIFT GATE REPAIR	ALTEC INDUSTRIES	\$75.00	0%
DUMP BODY & HOIST REPAIR	ALTEC INDUSTRIES	\$75.00	0%
MOBILE HYDRAULIC EQUIPMENT REPAIR	ALTEC INDUSTRIES	\$85.00	0%
CRANES	PACIFIC TRUCK EQUIPMENT, INC.	\$51.00	10%
LIFT GATES	PACIFIC TRUCK EQUIPMENT, INC.	\$51.00	10%
DIESEL FUEL INJECTION – INJECTORS, FUEL PUMPS	UNITED DIESEL SERVICES, INC.	\$79.50	25%
TURBO DIESEL FUEL INJECTION	UNITED DIESEL SERVICES, INC.	\$79.50	25%
SCHWARTZE SWEEPER 146000	KELLY EQUIPMENT	\$75.00	5%
ALLISON TRANSMISSIONS	S&J CHEVROLET	\$70.00	15%
<b>2. PICKUP AND DELIVERY COST</b>			
<b>A. PICKUP AND DELIVER DRIVABLE SMALL UNIT</b>			
	DIAMOND LINERS	\$50.00	
	SOPP FORD, INC.	NO FEE	
	A-1 TRANSMISSION	NO FEE	
	S & M AUTO	NO FEE	
	WESTERN TRUCK EXCHANGE	\$40.00	
	QUALITY FLEET AND TRUCK CENTERS	NO FEE	
	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	
	COASTLINE EQUIPMENT COMPANY, INC.	\$100.00	
	PECK ROAD TRUCK CENTER	\$30.00	
	WEST COVINA MOTORS, INC.	\$100.00	
	COOK EQUIPMENT COMPANY	\$75.00	
	FULLER TRUCK ACCESSORIES	\$65.00	
	MUNICIPAL MAINTENANCE EQUIPMENT, INC.	\$75.00	
	SRECO FLEXIBLE	\$75.00	

**BID ITEM.****CONTRACTOR****RATE/  
HOUR****PARTS  
DISCOUNT**

I	MR. G'S CUSTOM UPHOLSTERY	NO FEE	
	INGERSOL - RAND EQUIPMENT SALES	\$80.00	
	DOWNEY LINCOLN MERCURY	NO FEE	
	CERTIFIED CRANE SERVICES, INC.	\$69.00	
	QUINN SHEPARD MACHINERY	\$75.00	
	HIGH DESERT AUTO ELECTRIC	\$85.00	
	J.G.M.C.	NO FEE	
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	
	ED BUTTS FORD, INC.	NO FEE	
	PARKHOUSE TIRE, INC.	\$45.00	
	WESTERN AUTOMATIC TRANSMISSION	NO FEE	
	EXCHANGE, INC.		
	PACIFIC TRUCK EQUIPMENT, INC.	\$40.00	
	OSTROM CHEVROLET	NO FEE	
	D3 EQUIPMENT	\$80.00	

**B. PICKUP AND DELIVER  
DRIVABLE LARGE UNIT**

SOPP FORD, INC.	NO FEE	
A-1 TRANSMISSION	NO FEE	
NIXON-EGLI EQUIPMENT COMPANY	\$75.00	
WESTERN TRUCK EXCHANGE	\$40.00	
QUALITY FLEET AND TRUCK CENTERS	NO FEE	
ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$170.00	
COASTLINE EQUIPMENT COMPANY, INC.	\$200.00	
PECK ROAD TRUCK CENTER	\$30.00	
WEST COVINA MOTORS, INC.	\$100.00	
COOK EQUIPMENT COMPANY	\$75.00	
MUNICIPAL MAINTENANCE EQUIPMENT, INC.	\$75.00	
SRECO FLEXIBLE	\$75.00	
BORGEN HEAVY EQUIPMENT REPAIR, INC.	\$85.00	
DOWNEY LINCOLN MERCURY	NO FEE	
QUINN SHEPARD MACHINERY	\$75.00	
HIGH DESERT AUTO ELECTRIC	\$85.00	
J.G.M.C.	NO FEE	
WASHINGTON MUFFLER AND RADIATOR	\$38.50	
PARKHOUSE TIRE, INC.	\$50.00	
WESTERN AUTOMATIC TRANSMISSION	NO FEE	
EXCHANGE, INC.		
PACIFIC TRUCK EQUIPMENT, INC.	\$75.00	
KELLY EQUIPMENT	\$65.00	
OSTROM CHEVROLET	NO FEE	
D3 EQUIPMENT	\$80.00	
CALIFORNIA CLUTCH AND GEAR	\$65.00	

**C. SMALL TOW UNIT**

ATCO TRANSMISSIONS, INC.	\$45.00	
A-1 TRANSMISSION	\$30.00 +	
	\$2.50 PER	
	MILE	
S & M AUTO	\$45.00 +	
	\$5 PER	
	MILE	
WESTERN TRUCK EXCHANGE	\$65.00	
QUALITY FLEET AND TRUCK CENTERS	NO FEE	
ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	
WEST COVINA MOTORS, INC.	\$100.00	
DOWNEY LINCOLN MERCURY	\$90.00	

20%

BID ITEM.	CONTRACTOR	RATE/ HOUR	PARTS DISCOUNT
	QUINN SHEPARD MACHINERY	\$75.00	
	WESTERN AUTOMATIC TRANSMISSION EXCHANGE, INC.	\$40.00	
	D3 EQUIPMENT	\$80.00	
	MARKHAM & BOILING BODY SHOP, INC.	\$60.00 + \$5.00 PER MILE	0%
D. LARGE TOW UNIT			
	ATCO TRANSMISSIONS, INC.	\$75.00	
	A-1 TRANSMISSION	\$85.00	
	S & M AUTO	\$65.00 + \$5 PER MILE	
	WESTERN TRUCK EXCHANGE	\$85.00	
	QUALITY FLEET AND TRUCK CENTERS	NO FEE	
	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	
	WEST COVINA MOTORS, INC.	\$100.00	
	DOWNEY LINCOLN MERCURY	\$130.00	20%
	QUINN SHEPARD MACHINERY	\$75.00	
	WESTERN AUTOMATIC TRANSMISSION EXCHANGE, INC.	\$50.00	30%
	D3 EQUIPMENT	\$80.00	
E. SMALL HAUL UNIT			
	ATCO TRANSMISSIONS, INC.	\$45.00	
	A-1 TRANSMISSION	\$30.00 + \$2.50 PER MILE	
	WESTERN TRUCK EXCHANGE	\$65.00	
	QUALITY FLEET AND TRUCK CENTERS	NO FEE	
	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	
	WEST COVINA MOTORS, INC.	\$100.00	
	DOWNEY LINCOLN MERCURY	\$110.00	
	QUINN SHEPARD MACHINERY	\$75.00	
	J.G.M.C.	\$50.00	
	WASHINGTON MUFFLER AND RADIATOR	\$38.50	0%
	PACIFIC TRUCK EQUIPMENT, INC.	\$40.00	
	D3 EQUIPMENT	\$80.00	
F. LARGE HAUL UNIT			
	ATCO TRANSMISSIONS, INC.	\$75.00	
	A-1 TRANSMISSION	\$85.00	
	WESTERN TRUCK EXCHANGE	\$85.00	
	QUALITY FLEET AND TRUCK CENTERS	NO FEE	
	ADVANCED INFRASTRUCTURE TECHNOLOGIES	\$75.00	
	WEST COVINA MOTORS, INC.	\$100.00	
	DOWNEY LINCOLN MERCURY	\$150.00	
	QUINN SHEPARD MACHINERY	\$75.00	
	J.G.M.C.	\$65.00	
	PACIFIC TRUCK EQUIPMENT, INC.	\$75.00	
	D3 EQUIPMENT	\$80.00	
3. REBUILT/EXCHANGE COMPONENTS			
CARS- TRANSMISSION/ENGINE	DOWNEY LINCOLN MERCURY	\$65.00	20%



<b>BID ITEM.</b>	<b>CONTRACTOR</b>	<b>RATE/ HOUR</b>	<b>PARTS DISCOUNT</b>
LIGHT TRUCKS – TRANSMISSION/ENGINE	DOWNEY LINCOLN MERCURY	\$65.00	20%
MEDIUM DUTY TRUCK – TRANSMISSION/ENGINE	DOWNEY LINCOLN MERCURY	\$65.00	20%
ALL ELECTRICAL	HIGH DESERT AUTO ELECTRIC	\$85.00	30%
AUTO/ LIGHT TRUCK – DIFFERENTIAL AND TRANSMISSION	WESTERN AUTOMATIC TRANSMISSION EXCHANGE, INC.	\$50.00	30%
MEDIUM/HEAVY DUTY TRUCKS – DIFFERENTIAL AND TRANSMISSION	WESTERN AUTOMATIC TRANSMISSION EXCHANGE, INC.	\$50.00	30%
CONSTRUCTION EQUIPMENT – DIFFERENTIAL AND TRANSMISSION	WESTERN AUTOMATIC TRANSMISSION EXCHANGE, INC.	\$50.00	30%

Award Information has not been added at this time.

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### Bid Information

**Bid Number :** PW-ASD 205

**Bid Title :** AS-NEEDED VEHICLE AND EQUIPMENT REPAIR SERVICES

**Bid Type :** Service

**Department :** Public Works

**Commodity :** BODY AND FRAME PARTS-AUTOMOTIVE (NOT INDIVIDUALLY LISTED)

**Open Date :** 8/1/2003

**Closing Date :** 10/9/2003 5:30 PM

**Bid Amount :** \$ 1,500,000

**Bid Download :** Not Available

**Bid Description :** NOTICE IS HEREBY GIVEN that sealed proposals will be received by the County of Los Angeles Department of Public Works up to 5:30 p.m., Wednesday, September 10, 2003, for "As-Needed Vehicle and Equipment Repair Services." As the current contracts for these services will be ending December 31, 2003, all current and new contractors are required to submit a response to this request in order to receive or continue to receive work after 2003.

The estimated annual cost of these services is \$1,500,000.

Upon request, we can provide contract information in alternate formats or make other accommodations for people with disabilities. To request accommodations ONLY, or for more ADA information, please contact our ADA Coordinator at (626) 458-4081 or TDD at (626) 282-7829, Monday through Thursday, from 7 a.m. to 5:30 p.m.

A copy of the specifications, terms, conditions, requirements, and proposal submittal forms may be obtained at no charge, Monday through Thursday, 7 a.m. to 5:30 p.m., from Public Works' Lobby Cashier at 900 South Fremont Avenue, Alhambra, California 91803, or by calling Ms. Marcia Lucero at (626) 458-4044 (se habla Español) to have it mailed.

**Contact Name :** Marcia Lucero

**Contact Phone# :** (626) 458-4044

**Contact Email :** [mlucero@ladpw.org](mailto:mlucero@ladpw.org)

**Last Changed On :** 10/2/2003 7:54:10 AM

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County of Los Angeles
Request for Proposals for SBE Preference Program Certification and SBE Firm Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: A-1 TRANSMISSION AND COMPLETE CAR CARE CENTER	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: N/A	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): 5						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					3	
Asian or Pacific Islander						
American Indian						
Filipino						
White		1	1			

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: OWNER	Date: SEPT. 9, 2003
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County of Los Angeles

# Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

## I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: <u>ACS HYDRAULICS</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

## II FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise						
<input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>9</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					1	
Hispanic/Latino					2	2
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		1		1	1

## III PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

## IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

## V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Larry Drilling</u>	Title: <u>TREASURER</u>	Date: <u>9/10/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**Local SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Advanced Infrastructure Technologies</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise					
<input checked="" type="checkbox"/> Other (Please Specify) <u>Corp LLC</u>					
Total Number of Employees (including owners): <u>3</u>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American					
Hispanic/Latino					
Asian or Pacific Islander					
American Indian					
Filipino					
White	<u>1</u>		<u>1</u>	<u>1</u>	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>100</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date
<u>N/A</u>					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>Agent of the Co.</u>	Date: <u>09/09/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: ALTEC INDUSTRIES, INC	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): 155					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American	SEE	ATTACH	ED		
Hispanic/Latino					
Asian or Pacific Islander					
American Indian					
Filipino					
White					

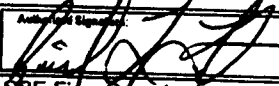
**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	SEE %	ATT %	ACH %	ED %	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature:  Title: MANAGER SUPPORT SERVICES	Date: 10/07/2003
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>ATCO Transmission INC.</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>7</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					<u>5</u>	
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>1</u>		<u>1</u>			

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>100</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Firm Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature: <u>Robert Wachte</u>	Title: <u>President</u>	Date: <u>8/26/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>AUTO INSTALLATION SERVICE</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>8</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American			<u>1</u>		<u>1</u>	
Hispanic/Latino				<u>1</u>		
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>1</u>		<u>1</u>		<u>3</u>	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>100</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Dang Tung</u>	Title: <u>PRES</u>	Date: <u>10-2-05</u>
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**County of Los Angeles**  
**Request for Proposal: Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>BETTS SPRING COMPANY INC.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>214</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					9	1
Hispanic/Latino			3		61	2
Asian or Pacific Islander			1		12	5
American Indian					1	
Filipino					1	1
White	2	2	23	3	77	10

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	96 %
Women	%	%	%	%	%	4 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Debra J. [Signature]</u>	Title: <u>SECRETARY</u>	Date: <u>10/8/03</u>
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County of Los Angeles Request for Proposal - Enterprise (SBE) Program SBE Firm/Organization Information Form
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>BORGEN HEAVY EQUIP. REPAIR INC.</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <b>6</b>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White	<b>1</b>	<b>1</b>			<b>4</b>	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<b>50</b> %
Women	%	%	%	%	%	<b>50</b> %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>Pauline Born</i>	Title: <i>Secretary</i>	Date: <i>9-4-03</i>
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County of Los Angeles

# Request for Proposal (RFP) for SBE Preference Program Certification and SBE Firm Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

## I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: <u>BOUVERET GLASS + UPHOLSTERY, INC</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: <u>2277</u>	

## II FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>6</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					<u>3</u>	
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>1</u>	<u>1</u>	<u>1</u>			

## III PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	<u>100</u> %

## IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

## V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>John R. Broun</u>	Title: <u>PRESIDENT</u>	Date: <u>9-8-03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>BRAGG INVESTMENT CO. INC. D.B.A. COASTLINE</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**EQUIP-  
MENT  
CO.**

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						


**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50%
Women	%	%	%	%	%	50%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature: 	Title: <b>Personnel</b>	Date: <b>9-9-03</b>
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County of Los Angeles

Request for Proposals for Local SBE Preference Program  
SBE Firm/organization information form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Bruce E. Mihelich LLC DBA Fuller Truck Accessories</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise						
<input checked="" type="checkbox"/> Other (Please Specify) <u>LLC</u>						
Total Number of Employees (including owners): <u>12</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino			1		5	
Asian or Pacific Islander						
American Indian			1			
Filipino						
White	1	1			1	2

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Bruce E. Mihelich</u>	Title: <u>President</u>	Date: <u>9/9/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>California Clutch &amp; Gear</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners):					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American				5	
Hispanic/Latino			1	8	
Asian or Pacific Islander					
American Indian					
Filipino					
White			2	1	2

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Authorized Signature: <u>Nancy Van</u>	Title: <u>VP</u>	Date: <u>7/12/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>CELLULAR WEST</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>7</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	X	<del>7</del>	X			
Asian or Pacific Islander			X		X	
American Indian		<u>Hispanic</u> X				
Filipino						
White						

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	100 %	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>Owner</u>	Date: <u>7/14/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Certified Crane Services, Inc</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>9</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino				1	2	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1			1	4	


**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	50 %	%	%	%	50 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <u>President</u>	Date: <u>10/07/2003</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>CHARLIE TRANSACTIONS</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>4</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					3	
Asian or Pacific Islander	1					
American Indian						
Filipino						
White						

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	100 %	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date
<u>CBE</u>	<input checked="" type="checkbox"/>				<u>Feb. 12, 2004</u>

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>Owner</u>	Date: <u>Sep. 2, 2003</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE-Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>CONVERSION CENTER, INC.</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>(6)</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	X		X		X	X
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Daniel Pineda</u>	Title: <u>President</u>	Date: <u>10/4/03</u>
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**County of Los Angeles**  
**Request for Proposal - Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>COOK EQUIPMENT CO.</b>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: <b>854</b>	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <b>32</b>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					<b>4</b>	
Asian or Pacific Islander					<b>3</b>	
American Indian						
Filipino						
White			<b>4</b>	<b>1</b>	<b>12</b>	<b>8</b>

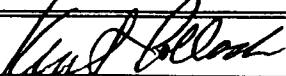
**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	<b>100</b> %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	VP	Date: <b>9-8-03</b>
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County of Los Angeles

Request for Local Small Business Enterprise (SBE) Preference Program Consideration and  
CBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

## I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: <u>D3 EQUIPMENT</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>52</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino			1		7	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		6		32	4

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>President</u>	Date: <u>October 15, 2003</u>
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County of Los Angeles Request for Proposal/Enterprise (SBE) Preference Program Consideration and CBE Firm Organization Information Form
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Diamond Liners, Inc.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: <u>Signed up 9/10/03 takes 5 days to get Nbr.</u>	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>4 (1 owner not on payroll)</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					2	1
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1				

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	49 %
Women	%	%	%	%	%	51 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Certification Date
N/A					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Santha Bender</u>	Title: <u>Secretary</u>	Date: <u>9/10/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprises (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Downey Lincoln Mercury</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>49</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					<u>2</u>	
Hispanic/Latino			<u>2</u>		<u>37</u>	<u>4</u>
Asian or Pacific Islander			<u>2</u>		<u>1</u>	
American Indian						
Filipino						
White	<u>1</u>					

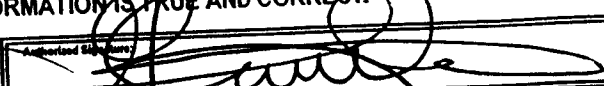
**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>100</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Service Director	Date: <u>10/6/03</u>
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**County of Los Angeles**  
**Request for Proposals Business Enterprise (SBE) Preference Program Certification and**  
**Local Small Business Enterprise (SBE) Firm/Organization Information Form**

proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>ED BUTISFORD</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <b>81</b>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					<b>1</b>	<b>1</b>
Hispanic/Latino			<b>3</b>	<b>1</b>	<b>58</b>	<b>2</b>
Asian or Pacific Islander						
American Indian						
Filipino			<b>1</b>		<b>1</b>	<b>1</b>
White	<b>2</b>		<b>4</b>	<b>2</b>		<b>4</b>

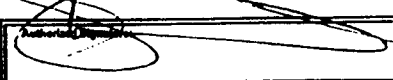
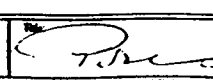
**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<b>100</b> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

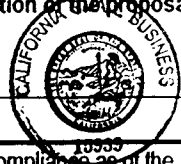
**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

		Date: <b>10-8-03</b>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**



FIRM NAME: <u>Garvey Equipment Company</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission. <b>Expired 5/31/03 renewal app.</b>
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>6</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	1				3	1
Asian or Pacific Islander						
American Indian						
Filipino						
White		1				

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	50 %	%	%	%	%
Women	%	%	%	%	%	50 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>President</u>	Date: <u>9/9/03</u>
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**County of Los Angeles**  
**Request for Proposals for Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>GMS</b>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: <b>52382901</b>	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <b>11</b>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					<b>1</b>	
Hispanic/Latino					<b>3</b>	<b>1</b>
Asian or Pacific Islander						
American Indian						
Filipino						
White	<b>1</b>		<b>3</b>	<b>1</b>	<b>1</b>	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<b>100</b> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency/Entity	Minority	Woman	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <b>Steve M. Burch</b>	Title: <b>SALES MANAGER</b>	Date: <b>9/10/03</b>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>GR FLUID POWER</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>one</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	<u>1</u>					
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<u>100</u> %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Geoff A. Romis</u>	Title: <u>owner</u>	Date: <u>10-13-03</u>
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County of Los Angeles Request for Proposal Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm Organization Information Form
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: GREAT PACIFIC EQUIPMENT, INC	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: 010810	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): 27						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino				1	9	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		2	1	13	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: 	Title: General Sales Manager	Date: 9-9-03
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: Haaker Equipment Company	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): 31						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					7	2
Asian or Pacific Islander						
American Indian						
Filipino						
White	4		1	1	12	4

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency/Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>Edwin E. Hodges</i>	Title: Vice President, Operations	Date: 10/6/03
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>HARBOR DIESEL AND EQUIPMENT, INC.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>55</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					2	
Hispanic/Latino			2		18	2
Asian or Pacific Islander						
American Indian						
Filipino						
White	2		6	1	20	2

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature 	Title <u>VP - CEO</u>	Date <u>9-8-2003</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>HIGH DESERT AUTO ELECTRIC</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): <b>15</b>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American					
Hispanic/Latino			<b>1</b>	<b>2</b>	
Asian or Pacific Islander					
American Indian					
Filipino					
White	<b>3</b>	<b>1</b>	<b>2</b>		<b>5</b>

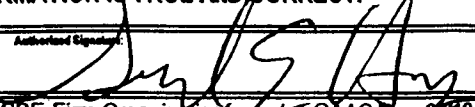
**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<b>50</b> %
Women	%	%	%	%	%	<b>50</b> %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <b>President</b>	Date: <b>10/08/03</b>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>IMPERIAL RADIATOR, INC.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>20</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino			1		8	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	1		7	3

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Caroline Kamm</u>	Title: <u>CORP. SEC</u>	Date: <u>10-8-05</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>INTER SOLL RANID</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:



County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm/Organization Information Form
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>JARIKONO GRINDING MACHINING CORP.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise						
<input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>8</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					<u>2</u>	
Asian or Pacific Islander						
American Indian						
Filipino					<u>1</u>	
White	<u>1</u>		<u>1</u>	<u>1</u>	<u>2</u>	


**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <u>SECRETARY</u>	Date: <u>10-7-03</u>
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>KELLY EQUIPMENT</u>	
<input type="checkbox"/> I AM NOT <input checked="" type="checkbox"/> I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: <u>515562-01</u>	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): <u>SEVEN</u>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American					
Hispanic/Latino			1		2
Asian or Pacific Islander					
American Indian					
Filipino					
White	1				2      1

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Hatun Kelly</u>	Title: <u>PRES</u>	Date: <u>Oct 9, 2003</u>
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**County of Los Angeles Enclosure E-33**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Lancaster Auto Interiors</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: <u>71653</u>	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>6</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian					1	
Filipino						
White	1	1	1		2	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Cathy Rong</u>	Title: <u>partner</u>	Date: <u>10/6/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>L.B.I. Air, Inc.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: <u>50444701</u>	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>2</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	<u>1/2</u>		<u>1/2</u>			
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>1/2</u>		<u>1/2</u>			

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<u>50</u> %	%	%	%	<u>50</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Lothar J. Inbario</u>	Title: <u>Secretary</u>	Date: <u>10/3/2003</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Le Claire Automotive</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>5</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					1	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		1		2	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Robert E. Brundwell</u>	Title: <u>Owner</u>	Date: <u>9/10/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Certification and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>LIONEL VNC. DBA CAL TARP &amp; COVERS</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>3</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	1					
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1				

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	33 %	%	%	%	33 %
Women	%	%	%	%	%	33 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Rommel A. Amante</u>	Title: <u>PRES</u>	Date: <u>10/21/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>LOO &amp; SONS TIRE SERVICE</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): <b>1</b>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American					
Hispanic/Latino	<b>1</b>		<b>1</b>		<b>1</b>
Asian or Pacific Islander					
American Indian					
Filipino					
White					

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<b>100</b> %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <b>Owen</b>	Date: <b>10-7-03</b>
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County of Los Angeles

Request for Proposals - Local Small Business Enterprise Preference Program Consideration and  
SBE Firm/Organization Information Form

Proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <i>Lynn's Auto Air</i>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

- II **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <i>9</i>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino			<i>2</i>		<i>5</i>	
Asian or Pacific Islander						
American Indian						
Filipino						
White	<i>1</i>	<i>1</i>				

- III **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<i>100</i> %
Women	%	%	%	%	%	%

- IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.) *NO*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

- V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>Eric Osher</i>	Title: <i>President</i>	Date: <i>9/03/03</i>
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Markham and Bowling Autobody, Inc.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): <u>12</u>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American					
Hispanic/Latino			①		⑨
Asian or Pacific Islander					
American Indian					
Filipino					
White		①		①	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

 Title: <u>President</u>	Date: <u>10-22-03</u>
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County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm/Organization Information Form
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: Master Body Sales & Serv., Inc.	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: SBE0011344 CBE82003	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): 40						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American	0	0	0	0	0	0
Hispanic/Latino	0	0	1	0	31	1
Asian or Pacific Islander	0	0	0	0	0	0
American Indian	0	0	0	0	0	0
Filipino	0	0	0	0	0	0
White	0	2	3	0	1	1

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	0 %	0 %	0 %	0 %	0 %	0 %
Women	0 %	0 %	0 %	0 %	0 %	100 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
Los Angeles County		x			3 20 05
State of California-Small Business					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: President	Date: 9 5 2003
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: MORRIS MATTHEW HANDLING

☒ I AM NOT ☐ I AM A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.

☐ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

My County (WebVan) Vendor Number: 728206

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole Proprietorship ☐ Partnership ☒ Corporation ☐ Non-Profit ☐ Franchise

☐ Other (Please Specify)

Total Number of Employees (including owners): 600 MORRIS SPH/ Employees

Race/Ethnic Composition of Firm: Please distribute the above total number of individuals into the following categories:

	Owners/Partners/ Associate Partners		Managers		Other	
	Male	Female	Male	Female	Male	Female
Black/African American			2	1	13	0
Hispanic/Latino			0	0	7	5
Asian or Pacific Islander			0	0	3	0
American Indian			2	0	6	0
Filipino			0	0	0	0
White			103	12	375	69

*Company is owned by several firms*

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed. *Owned by Investment Firms*

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Firm Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date
<u>N/A</u>					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

David Hagan Human Resources Mgr 11-4-03

**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>MR. GS Custom Upholstery</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): <u>4</u> <u>LC</u>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American					
Hispanic/Latino		X		X	
Asian or Pacific Islander				X	X
American Indian					
Filipino					
White					

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	50 %	%	%	%	%
Women	%	100 %	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>owner</u>	Date: <u>10/4/03</u>
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County of Los Angeles

## Request for Proposal Form for Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

## I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: <i>Municipal Maintenance Equipment, Inc.</i>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <i>18</i>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White	<i>1</i>	<i>2</i>	<i>1</i>		<i>11</i>	<i>3</i>

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<i>29</i> %
Women	%	%	%	%	%	<i>71</i> %

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>[Signature]</i>	Title: <i>Vice President</i>	Date: <i>9-9-03</i>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>NIXON - LGU EQUIPMENT Co.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): <u>66</u>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Race/Ethnicity	Owner/Partner	Officer/Manager	Supervisor	Employee	Staff
Black/African American					
Hispanic/Latino					7
Asian or Pacific Islander					1
American Indian					1
Filipino				1	
White	1		7	1	32

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Maribel Sorel</u>	Title: <u>Human Resources</u>	Date: <u>9/2/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>OSTROM CHEVROLET</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>95</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					1	1
Hispanic/Latino			2		59	5
Asian or Pacific Islander					4	
American Indian						
Filipino					1	
White	1		4		15	2


**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <u>SECRETARY</u>	Date: <u>OCTOBER 8, 2003</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>PACIFIC RADIATOR SALES + SERVICE</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <b>17</b>						
Race/Ethnic Composition of Firm: Please distribute the above total number of individuals into the following categories:						
	Owners/Partners/ Associate Partners		Managers		Employees	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					<b>6</b>	
Asian or Pacific Islander						
American Indian						
Filipino						
White	<b>3</b>	<b>1</b>	<b>3</b>		<b>4</b>	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<b>56 %</b>
Women	%	%	%	%	%	<b>44 %</b>

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

	President	10-23-03
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>PACIFIC TRUCK EQUIPMENT INC</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>81</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino			<u>5</u>		<u>65</u>	
Asian or Pacific Islander		<u>1</u>				<u>1</u>
American Indian						
Filipino						
White	<u>1</u>		<u>2</u>		<u>4</u>	<u>2</u>

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>50</u> %
Women	%	%	<u>50</u> %	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
<u>N/A</u>					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>PRES.</u>	Date: <u>10/8/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>PALMDALE UNI-BODY + FRAME</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>6</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino						<u>1</u>
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>1</u>		<u>1</u>		<u>3</u>	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>100</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Ronald [Signature]</u>	Title: <u>Owner</u>	Date: <u>9/5/03</u>
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County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and
SBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>PARKHOUSE TIRE, INC.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>128</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American			<u>2</u>		<u>3</u>	
Hispanic/Latino			<u>3</u>		<u>168</u>	<u>5</u>
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>4</u>		<u>12</u>	<u>5</u>	<u>19</u>	<u>7</u>

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>100</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Brian Parkhouse</u>	Title: <u>President</u>	Date: <u>10-7-03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

Proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>PECK ROAD TRUCK SALES</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): 75						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					2	2
Hispanic/Latino			1		29	1
Asian or Pacific Islander			1			
American Indian						
Filipino					1	
White	1	0	5		35	7

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <b>Controller</b>	Date: <b>9/9/03</b>
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# Request for Proposal Form for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/ Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

## I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: <u>PHENIX ENTERPRISE, INC.</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

## II FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>44</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					<u>1</u>	
Hispanic/Latino	<u>3</u>	<u>1</u>	<u>4</u>		<u>30</u>	<u>1</u>
Asian or Pacific Islander						
American Indian						
Filipino						
White			<u>1</u>		<u>2</u>	<u>1</u>

## III PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<u>67</u> %	%	%	%	%
Women	%	<u>33</u> %	%	%	%	%

## IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
<u>WMBE CLEARING HOUSE</u>	<u>X</u>	<u>X</u>			<u>7/28/03</u>
<u>COUNTY OF LA. OFFICE OF AFFIRM ACTION</u>	<u>X</u>				<u>3/20/04</u>

## V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Paul Auro</u>	Title: <u>Secretary</u>	Date: <u>9/8/03</u>
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County of Los Angeles

## Request for Proposal (RFP) for Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: <u>QUALITY FLEET &amp; TRUCK CENTERS</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

II FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>20</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Hispanic/Latino	<u>0</u>	<u>0</u>	<u>3</u>	<u>1</u>	<u>21</u>	<u>1</u>
Asian or Pacific Islander	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
American Indian	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Filipino	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
White	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>

III PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed. #s not attain ab.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>general manager</u>	Date: <u>9.9.03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Quinn Shepherd Machinery</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

- II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>280</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					11	1
Hispanic/Latino			7	3	95	24
Asian or Pacific Islander			3		12	3
American Indian					1	
Filipino						
White			26	2	82	10

- III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

- IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

- V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Thomas D Edwards</u>	Title: Human Resources Mgr.	Date: 10/7/03
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County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Certification and SBE Firm/Organization Information Form
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>ROBERTO'S JR. Auto Body PAINT</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <b>3-4</b>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	<b>1</b>				<b>111</b>	
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<b>100</b> %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name:	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date:

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <b>Ramon Varas</b>	Title: <b>Owner</b>	Date: <b>10/08/03</b>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>S&amp;J CHEVROLET</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					5	
Hispanic/Latino			1		27	2
Asian or Pacific Islander						3
American Indian						
Filipino						
White	1		10	2	28	16


**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <b>MANAGER</b>	Date: <b>10-21-03</b>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Stal Automotive</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>Four (4)</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>1</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>3</u>	<u>—</u>

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	<u>—</u> %	<u>—</u> %	<u>—</u> %	<u>—</u> %	<u>—</u> %	<u>100</u> %
Women	<u>—</u> %	<u>—</u> %	<u>—</u> %	<u>—</u> %	<u>—</u> %	<u>—</u> %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date
<u>N/A</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>N/A</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>OWNER</u>	Date: <u>Aug 31, 2003</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>SOPP FORD TRUCK CENTER</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <b>40</b>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American			<b>1</b>		<b>2</b>	
Hispanic/Latino			<b>2</b>		<b>20</b>	<b>5</b>
Asian or Pacific Islander						
American Indian						
Filipino						
White	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>4</b>	

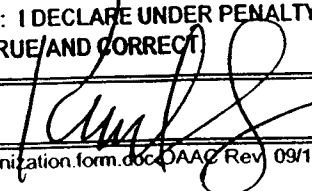
**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<del>66</del> %
Women	%	%	%	%	%	33 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <b>VICE PRESIDENT</b>	Date: <b>9-9-03</b>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>SOPP FORD TRUCK CENTER (BEL)</b>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <b>150</b>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American					<b>2</b>	
Hispanic/Latino			<b>8</b>		<b>91</b>	<b>20</b>
Asian or Pacific Islander					<b>2</b>	
American Indian						
Filipino				<b>1</b>		
White	<b>2</b>	<b>1</b>	<b>10</b>	<b>1</b>	<b>7</b>	<b>5</b>

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<b>75</b> %
Women	%	%	%	%	%	<b>25</b> %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <b>Winnie H. [Signature]</b>	Title: <b>Bus Mgr</b>	Date: <b>9/8/03</b>
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County of Los Angeles

Request for Local Small Business Enterprise (SBE) Preference Program Consideration and  
SBE Firm/Organization Information Form

proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>SOUTH BAY FORD</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>140</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnicity	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Black/African American			1		5	5
Hispanic/Latino			6	1	62	11
Asian or Pacific Islander					3	1
American Indian					1	
Filipino					0	0
White	2		6	2	29	5

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>B. Cawley</u>	Print Name: <u>Service Director</u>	Date: <u>10-7-03</u>
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County of Los Angeles

Request for Bids - Small Business Enterprise (SBE) Preference Program Consideration and  
SBE Firm/Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>SPEEDO ELECTRIC CO.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

II **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>4</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	1	0
Asian or Pacific Islander	0	0	0	0	0	0
American Indian	0	0	0	0	0	0
Filipino	0	0	0	0	0	0
White	1	0	1	0	1	0

III **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	0 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>Owner</u>	Date: <u>9-2-03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>SRECO-Flexible</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVet) Vendor Number:	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>37</u>						
Race/Ethnic Composition of Firm: Please distribute the above total number of individuals into the following categories:						
Race/Ethnicity	Owner/Partners/ Associate Partners		Employees		Total	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino			1		11	
Asian or Pacific Islander						
American Indian						
Filipino					1	
White	1		5	2	14	1

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISE:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

<u>[Signature]</u>	<u>Margaret Restrepo</u>	<u>11/10/03</u>
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County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and SBE Firm/Organization Information Form
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>TRUCK HYDRAULIC EQUIPMENT Co. INC.</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: <u>03069701</u>	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>13</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					5	
Asian or Pacific Islander						
American Indian						
Filipino						
White	2	1	1	1	2	1

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	85 %
Women	%	%	%	%	%	15 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <u>President</u>	Date: <u>8-27-03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>UNITED AUTO GRAF</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>7</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	<u>1</u>		<u>1</u>	<u>1</u>	<u>3</u>	<u>1</u>
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<u>100</u> %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature <u>Mari M. M...</u>	Title Owner	Date 09/10/03
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>UNITED DIESEL SERVICE, INC.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>16</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino					4	
Asian or Pacific Islander					3	
American Indian						
Filipino						
White	1	1	1		6	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	49 %
Women	%	%	%	%	%	51 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Janice Grossman</u>	Title: <u>C.F.O.</u>	Date: <u>10/7/03</u>
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>Valco Transmission Ltd.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

II **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>9</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Hispanic/Latino	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>0</u>
Asian or Pacific Islander	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
American Indian	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Filipino	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
White	<u>1</u>	<u>1</u>	<u>1</u>		<u>3</u>	<u>1</u>

III **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>49</u> %
Women	%	%	%	%	%	<u>51</u> %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Bruce J. Hogue</u>	Title: <u>General Manager</u>	Date: <u>10/8/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <b>VALLEY SPEEDO &amp; TACK, INC.</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <b>SEVEN</b>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	<b>2</b>	<b>1</b>			<b>4</b>	
Asian or Pacific Islander						
American Indian						
Filipino						
White						

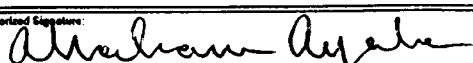
**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<b>100</b> %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <b>PRESIDENT</b>	Date: <b>10-7-03</b>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>WASHINGTON MID-LEVEL RADIATOR</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>8</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	<u>1</u>		<u>2</u>		<u>4</u>	<u>1</u>
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<u>100</u> %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>OWNER</u>	Date: <u>10/07/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>WEST COUNTY MOTORS, INC.</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): <u>141</u>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American				3	
Hispanic/Latino			1	20	10
Asian or Pacific Islander		1			3
American Indian					
Filipino					
White	A	16		79	10


**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorizing Signature: 	Title: <u>FLEET MGR</u>	Date: <u>9-8-3</u>
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

I. **LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>WESTERN AUTOMATIC TRANSMISSION EPH.</u>	
<input type="checkbox"/> I AM NOT <input checked="" type="checkbox"/> I AM	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

II **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>8</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American	<u>2</u>					
Hispanic/Latino	<u>4</u>					
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>2</u>					

III **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>25</u> %
Women	%	%	%	%	%	<u>75</u> %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>President</u>	Date: <u>10-8-03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>WESTERN TRUCK EXCHANGE</u>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): <u>30</u>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American			<u>8</u>	<u>1</u>	<u>4</u>
Hispanic/Latino			<u>2</u>		<u>23</u>
Asian or Pacific Islander					
American Indian					
Filipino					
White			<u>3</u>		

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>100</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Authorized Signature: 	Title: <u>pres</u>	Date: <u>8/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**SBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>WONDRIES CHEVROLET</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): <u>42</u>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Black/African American						
Hispanic/Latino	<u>2</u>		<u>2</u>	<u>1</u>	<u>19</u>	<u>8</u>
Asian or Pacific Islander					<u>1</u>	
American Indian						
Filipino						
White			<u>5</u>	<u>1</u>	<u>2</u>	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<u>66</u> %	%	%	%	<u>33</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>PRESIDENT / OWNER</u>	Date: <u>10/9/03</u>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

FIRM NAME: <u>YOUNG'S RADIATOR</u>	
<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number: <u>SLB-599</u>	

**II FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)					
Total Number of Employees (including owners): <u>9</u>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American			<u>1</u>		
Hispanic/Latino					<u>5</u>
Asian or Pacific Islander					
American Indian					
Filipino					
White	<u>1</u>		<u>1</u>	<u>1</u>	

**III PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>100</u> %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>KE Cole</u>	Title: <u>MANAGER</u>	Date: <u>10-7-03</u>
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